

Destigmatizing Child and Adolescent Mental Health through *Group Chat: A
Workshop to Support the Emotional and Social Needs of Youth*

Brittany Baird

Department of Graduate and Undergraduate
Studies in Education

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Faculty of Education, Brock University
St. Catharines, Ontario

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Abstract

The purpose of this project was to raise awareness surrounding child and adolescent mental health in an effort to reduce preconceived stigmas in relation to this specialized field. This project presented a literature review of the current state of child and adolescent mental health in Canada today, including the prevalence and several treatment options for young people confronting mental health challenges. Consideration of the powerful role of the education system upon youth with mental health issues became evident, specifically regarding early identification and prevention. A needs assessment was conducted to gather feedback from the clinical practitioners of a Section 23 classroom within a Southern Ontario hospital. This assessment was used to develop an informational and pedagogical workshop resource to extend practitioner understanding of this pertinent issue and support the social and emotional needs of young people confronting mental health challenges. Results of the assessment indicated the significant need for such a workshop resource, and these responses were used to guide the development of *Group Chat: A Workshop to Support the Emotional and Social Needs of Youth*. The latter was subsequently presented to participants, whereby evaluative questionnaires indicated the efficacy and usefulness of this workshop resource to both practitioners and students alike.

Acknowledgments

I would like to take this opportunity to express my sincere gratitude to several key parties who significantly contributed to this project. To my dear family, I truly will never be able to thank you enough for your everlasting love, nurturance, and encouragement in all that I do; I cherish nothing more than all of you. To Dr. Ann-Marie DiBiase, you have been a source of guidance throughout both my undergraduate and graduate studies and an individual I truly admire; thank you for so generously and compassionately sharing your wisdom with me and being a genuine and exceptional mentor. To Dr. Michael Savage, I greatly appreciate the time you have invested in this project; thank you for so kindly lending your expertise; your perspective and feedback are highly valued. To you, a cherished reader, thank you for taking the occasion to embark on this journey. I hope if nothing else, this project inspires you to think about child and adolescent mental health in another way.

Dedication

This project was dedicated to all the believers, the givers, the dreamers, the inspirers, the innovators, the visionaries, the selfless, the kind-hearted, the optimistic, the creative-minded, the questioners, the critical thinkers, the doers, the resilient, the adventurers, the peacekeepers, the determined. To all those who have tremendous strength and the brightest of spirits, yet have encountered feeling invisible and have toiled with their sense of worth and purpose: may you find comfort in knowing that there are those who care about and admire you wholeheartedly and that you are a person of great value. Although the world in which we live is ridden with complexity and is often incomprehensible, it is through our actions and outlook that we have the power to rewrite its story to one of wonder and awe for future generations. There is no moment better than the present to foster transformative action whereby we, together and united, are the most powerful entity to make our dreams a reality.

Table of Contents

Abstract	ii
Acknowledgments	iii
Dedication	iv
List of Tables	vii
List of Figures	viii
 CHAPTER ONE: INTRODUCTION TO THE PROJECT	 1
Background of the Problem	3
Statement of the Problem Context and Rationale	5
Purpose and Objectives of This Project	8
Theoretical Framework	9
Social Location	10
Scope and Limitations of the Workshop	13
Outline of Remainder of Document	14
 CHAPTER TWO: REVIEW OF RELATED LITERATURE	 16
State of Child and Adolescent Mental Health in Canada	16
Bandura's Social Cognitive Theory	19
Major Residual Dilemmas Within This Specialized Field	22
Snapshot Case Study for the Present Project: Therapeutic Learning Settings	24
Research on Policy in the Field of Child and Adolescent Mental Health	25
An Overview of Distance Education	28
Distance Education in Ontario: Independent Learning Centre	29
Strengths and Shortcomings of Distance Education for Youth	31
Overall Student Mental Health: Alternative Versus Traditional Education ...	34
Cognitive Behavioural Therapy and Psychoeducational Treatment Options for Youth Confronting Mental Health Challenges	38
Mental Health Challenges: Promoting Early Intervention	48
Day Treatment Programs for Young People Coping With Mental Health	50
Summary	51
 CHAPTER THREE: METHODOLOGY AND PROCEDURES	 54
Personal Rationale and Need for the Workshop	54
Ethical Considerations	55
Location of the Needs Assessment and Workshop	57
Needs Assessment	57
The Developmental Process of the Workshop	66
Summary	68
 CHAPTER FOUR: PRESENTATION OF WORKSHOP	 69

CHAPTER FIVE: SUMMARY, DISCUSSION, AND IMPLICATIONS	88
Evaluative Questionnaire	88
Summary of Evaluation Data	91
Implications for Theory, Practice, and Research	92
Summative Remarks.....	98
References	102
Appendix A: Letter of Invitation and Informed Consent	112
Appendix B: Needs Assessment Questionnaire for Child and Adolescent Clinical Practitioners	115
Appendix C: Postworkshop Evaluative Questionnaire for Child and Adolescent Clinical Practitioners	118

List of Tables

Table	Page
1. Participants in the Needs Assessment	59

List of Figures

Figure	Page
1. Bandura's Social Cognitive Theory—Triadic Reciprocal Determinism	20

CHAPTER ONE: INTRODUCTION TO THE PROJECT

The controversial and mediocre state of the traditional education system as a whole in North America is highly indicative of the resonation of dissatisfaction amongst individuals upon thought of its condition, whereby its monotonous nature is becoming increasingly evident with each coming year in comparison to the diversity and richness of society (Robinson as cited in Azzam, 2009; Kohn, 2011; Lupart & Webber, 2012). It is intriguing to ponder this dominating structure in comparison to the surrounding world and the prescribed favouritism blindly associated with the former. In terms of effectively adjusting to radical social change, if any other entity principally remained inexplicably frozen in time it would not survive, yet the traditional education system seems to thrive (Lupart & Webber, 2012). There are no logical or sensible reasons to justify this; however it remains undoubtable that a deficiency in the realm of innovation is a key culprit that requires further investigation (Robinson, 2005). Additionally, there exists a misinformed, misguided, and predominately biased perception of the necessity of school-based education within society, whereby a resistance to reform and unconventional thinking is often rooted in fear of the unknown (Després, 2013).

The reality is that our schools lack practicality and opportunities for students to continually engage in authentic and differentiated learning; in turn creating the overarching epidemic of boredom, disinterest, and a lack of motivation on the part of both teachers and students alike (Robinson as cited in Azzam, 2009; Gatto, 2008; Robinson, 2005). It is thereby not surprising that Alternative Education (AE) programs have been gaining popularity over the

years, predominately since the 1990s, as caregivers try to select the most powerful and meaningful learning environment within which their child(ren) can grow and develop, in hopes of offering them the most optimal trajectories (Kim & Taylor, 2008). The former principally resonates for those young people facing mental health challenges and their support system, as it is implausible to fathom that static and dominant overarching hegemonic practices can be of benefit to all.

In response to the enormity of this issue, this project thus seeks to focus on raising awareness surrounding child and adolescent mental health to facilitate the reduction of accompanying preconceived stigmas and promote the advancement of alternative educational opportunities for this demographic. To foster in navigating this process and the challenging of conventional thinking within the education system, insight into and a thorough analysis of the utilization of a Distance Education (DE) approach in therapeutic learning classrooms (a smaller and flexible motivational environment that embraces student autonomy and fosters holistic development) designed for school-aged individuals coping with mental health challenges will be provided (Caroleo, 2014; D'Angelo & Zemanick, 2009; Journell, 2010; Kapitzke & Pendergast, 2005; Lagana-Riordan et al., 2011; Murphy, Rodríguez-Manzanares, & Barbour, 2011; Powell & Patrick, 2006). An informational and pedagogical workshop resource entitled *Group Chat: A Workshop to Support the Emotional and Social Needs of Youth* will additionally be explored. The latter has been created in response to the apparent need for a workshop resource not only to enlighten practitioners of the current state of child and adolescent mental across the nation but also to provide ideas to assist such

pivotal figures in supporting the social and emotional development of youth facing mental health challenges both directly and indirectly. It is anticipated that the development and dissemination of *Group Chat: A Workshop to Support the Emotional and Social Needs of Youth* will encourage paradigm shifts within this significant area in the near future.

Background of the Problem

Prior to delving into this issue specifically, it remains important to discuss the possible barriers hindering advancements within traditional education to better comprehend the reasons that greater value, yet a prescribed connotation, are commonly associated with Alternative Education (AE) programs. Although beginning to understand this multidimensional system is far from an easy task, it is no longer appropriate, if it ever justly was before, to push it to the wayside. It is exasperating to witness continual proceedings favouring the static nature of public education in response to better choices remaining limited due to the complexity of this system (Robinson as cited in Azzam, 2009). Can you imagine if the medical profession ceased to progress over the duration of a decade? The accompanying uproar that would occur would be unfathomable, yet when the same occurs within the traditional education system, arguably the most powerful organization in the world, this ceases to be greeted with surprise or concern: an appalling reality to say the least.

It is intriguing to ponder that "change" has remained a popular topic for discussion within the education system for decades, yet minimal leeway appears to have occurred, leading to aspects of traditional schools being heavily criticized

with just reason (Lupart & Webber, 2012). In response to this, the most substantive salient limitation acting in opposition to educational reform thereby resides in policy makers operating school systems using outdated attitudes and mindsets, whereby a greater value is placed upon schooling rather than educating (Robinson, 2005). Despite our world today being dissimilar to what it was a century ago, our school system continues to be managed using an obsolete and counterproductive mentality and thus is vastly ill-equipping and ill-informing students (Robinson, 2005). This philosophy significantly hinders young people as, despite an education being necessary today, academic degrees cease to carry the value and prestige which they did decades ago, making creativity and innovation paramount (Robinson as cited in Azzam, 2009). The current structure of our schools, however, is not conducive to the latter, with a standards movement and heavy reliance upon top-down initiatives eradicating the possibility for this (Lupart & Webber, 2012; Robinson, 2005). It is imperative therefore to the success of future educational reform that the implications of school practices and policies cease to be ignored and are instead critically investigated prior to and following implementation to eliminate contradictory proceedings and to increase efficacy.

The appealing notion of easiness within school-based education and gravitating towards the known, nevertheless, currently is a powerful determinant in the fate of our young people. When starkly put, this does not even sound plausible, yet it remains true, which is asinine; whereby a lack of creativity on the part of stakeholders within education is highly indicative of this reality (Robinson,

2005). This is ironic as one would think that this mindset would be sought after and valued, especially within education, yet the reverse seems to be occurring. Notwithstanding, Robinson (2005) ascertains that with academic degrees being commonplace, the most sought after qualities in the workforce have become flexibility, adaptability, and creativity and that the education system needs to place greater precedence upon the development of such. This is arguably the greatest problem that we are encountering within traditional education, one which nourishes the indoctrination of a perceived superior mindset, whereby the only thing created is what seems to be a vicious and endless cycle whereby the need for new visionaries that can reconfigure the education system could not be more critical (Robinson, 2005). It thereby remains fundamental that our model for education is transformed, concepts of education are redefined, and our perspectives regarding the purpose of schools are broadened (Canada, 2008).

Statement of the Problem Context and Rationale

With this in mind, it is essential that we refocus our attention from the curriculum, upon which such undue emphasis is placed, to issues that truly matter, such as child and adolescent mental health, to better understand what is transpiring in our schools. According to the Ontario Ministry of Child and Youth Services (2011), approximately one in five children and youth in Ontario are facing a mental health challenge, whereby the most common issues manifest in the realm of anxiety, attention deficit disorder, depression, mood disorders, schizophrenia, and eating disorders. To better enunciate the severity of this issue, 3.2 million young people between the ages of 12 and 19 in Canada are at risk for

developing depression alone (Canadian Mental Health Association, 2014). As alarming as this, is that it is reported by Resist, Exposure, and Challenge Tobacco (REACT) that 42% of Canadians disclose being unsure about whether they should socialize with a friend who is open about his or her mental illness (REACT, 2014). It must be considered whether the same behaviour would be exhibited by individuals if their friend were diagnosed with a form of cancer, heart disease, tuberculosis, diabetes, hepatitis C, etcetera—all of which are some of the most common diseases, conditions, and illnesses that affect Canadians— and why such a brash stigma is associated with mental health complications (Government of Canada, 2014). The latter is quite intriguing considering most Canadians are affected by mental health issues either directly or indirectly by way of family members, friends, and/or colleagues, with this disheartening reality to be the subject of extensive discussion throughout this project (Government of Canada, 2014).

As a result of 75% of mental health challenges having an onset before the age of 25 and 50% of those difficulties surfacing before the age of 14, our schools thereby are pivotal sites of investigation, as the majority of young people invest more than a decade of their lives in this system during this critical developmental period (REACT, 2014). Equally important is that, regardless of the prevalence of mental health complications within this age demographic, fewer than 25% of children and youth who can benefit from specialized treatment services receive such opportunities, highlighting the inadequacies of services nationwide (Kutcher, Hampton, & Wilson, 2010; Manion, 2010; Waddell, McEwan, Shepherd, Offord,

& Hua, 2005). Not only is this stark reality a result of deficits in funding within this area, but also in response to minimal longitudinal research studies surrounding early intervention treatment methodologies, with each being interdependent in creating both vast and subsidized programming opportunities (Pathstone Mental Health, 2014).

According to Senator Michael Kirby (Eggertson, 2005), chair of a committee examining Canadian mental health issues, “children’s mental health services are the most neglected piece of the Canadian health care system” (p. 471). To better comprehend the severity of this issue, regardless of the effects of mental health costing the Canadian economy \$51 billion each year, only 4% of all medical research is focused on mental health, with solely a small fraction of the former being designated to research advancing children's mental health (Pathstone Mental Health, 2014). This presents many challenges, as one would think if they could only make one investment, they would invest in our young people, as they truly are our future, and thus do all in their authority to help foster the most powerful trajectories for them. There exists thereby the critical need for a transformed mental health system in Canada whereby it is paramount that mental health services allocated and available for children and youth are given the highest priority (Kirby, 2013).

Despite the amount of money devoted to education within Canada—with the government's total investment including capital within Ontario's funded education system alone being projected at 22.4 billion for the 2013–14 academic school calendar year—this does not seem to be occurring, and it is exasperating to

hear individuals saying that young people today are too entitled and if the system was good enough a century ago, why should it not be today (Ontario Ministry of Education, 2014). Not only are statements similar to this amiss on so many levels, what they fail to take into account is the gift of human life upon which no quantifiable value can be placed. Suicide is the second leading cause of death amongst young people between the ages of 15 and 24, with each year, on average, more than 294 taking their own lives in Canada (Canadian Mental Health Association, 2014). Although reading the latter is absolutely heartbreaking, avoiding the truth does not but create greater harm, as sheltering ourselves from reality and facts as an escape mechanism in response to being uncomfortable with sensitive issues simply perpetuates preconceived stigmas. In response to the education system playing a critical role in the growth and development of young people, it remains essential that a newly transformed child and adolescent mental health system enters a reciprocal partnership with our schools, as their success is inevitably interdependent (Kirby, 2013).

Purpose and Objectives of This Project

The overall purpose of this project is threefold, with the following objectives, to:

- Raise awareness surrounding child and adolescent mental health to foster in opening and extending the conversation regarding this significant field to support and advance the occurrence of subsequent discussions;
- Provide an analysis of substantive and credible research to promote informed decision making in hopes of reducing preconceived stigmas in

relation to mental health within this demographic and encouraging future research within this area;

- Share a newly developed informational and pedagogical workshop resource entitled *Group Chat: A Workshop to Support the Emotional and Social Needs of Youth*—created to nurture the development of both students and practitioners within this specialized field and beyond.

Theoretical Framework

To foster in navigating the former goals, the guiding theoretical framework of Bandura's Social Cognitive Theory was selected as a founding element of this project, as it describes the causal processes involved in psychological functioning whereby there exists continuous interaction between and amongst behavioural, cognitive, and environmental influences (Bandura, 1978). This process is conceptualized in terms of triadic reciprocal determinism, with all three entities impacting one another and thus being interrelated, with the role of the self being in a powerful position.

This multidimensional relationship is ridden with complexity and resonates particularly with young people facing mental health challenges, with each body of influence impacting the self and accompanying feelings and actions both directly and indirectly (Bandura, 1978). In response to the significant role of the self in this process, it can thus be argued that quadratic reciprocal determinism as opposed to triadic reciprocal determinism is most appropriate, as the self ultimately has to make sense of all of these influences and cues and determine whether and/or how to react. Further information regarding Bandura's Social

Cognitive Theory can be acquired firsthand in Chapter Two and will also be discussed in subsequent chapters.

Social Location

In response to the lived experiences of researchers having the potential to inadvertently impact various facets of their studies, it is advantageous to provide readers with some insight regarding the researcher to impart a context for the study. Due to the nature of this research study, I think it remains important to enlighten you upon a period of my life that has really shaped the person I am today and the special connection I have with young people facing mental health challenges.

Growing up, I was known for being a happy-go-lucky individual who was always compassionate and respectful of those around me. I was often referred to as an old soul, and in response to my sensitivity and kindness towards others, my peers gravitated towards me. This however changed very quickly during my intermediate years of elementary school when I was not in favour of conforming to cliques and participating in the stereotypical accompanying behaviour that such groups are known for. As a result of not fitting the mould and staying true to myself, I immediately became the target of malicious behaviour and was tormented day in and day out for this choice. In the eyes of my peers, I was an outcast who deserved to be isolated and chastised. I truly felt like a worthless misfit tossed to the wayside, and I really did not think it could get any worse when the hushed-tone remarks and whispers began; but then came the day when everything was silenced. My presence was completely ignored—it was as if I did

not even exist; an incredibly torturous reality.

The pain that resonated through my body was unbearable; but the worst part was, to onlookers, my peers were doing nothing wrong. Every minute that I had to spend incarcerated within the four walls of my dreaded classroom ripped and shredded my heart. I remember wishing I could trade my emotional heartache for that of physical pain, as anything to help my numb body feel alive again would have been a blessing. I cannot count the number of nights I spent with my head hung over the toilet seat, vomiting out all of the pain and toxins I had ingested throughout the day. The loneliness of crying myself to sleep night after night was almost unbearable. Each morning I would wake up feeling sick to my stomach in response to the stresses of the day to come and dread having to go to school. Although I knew that these callous individuals would soon be insignificant to my life, at the time, their approval could not have been more paramount to my sense of self-worth.

The most difficult challenge was having such a supportive family system at home, yet still feeling as if I were leading a purposeless life. It was those closest to me however that helped me find inner strength which allowed me to continue to excel in school, both academically and extracurricularly. I made an oath to myself to try to invest as much energy as I could into the positive as opposed to the negative, continuously reminding myself of what I had to be thankful for. I will never forget the day in which I graduated from elementary school and the sense of freedom I felt; it was as if a colossal weight was lifted off of my shoulders.

I could not wait for the years of my secondary school journey to begin, as none of my previous peers were attending the same school and I was elated to have the opportunity for a new beginning, a fresh start free of previous judgement. It would be too predictable and completely untruthful however to tell you that my next 4 years were astounding, as life is full of peaks and valleys. Prior to beginning these golden years, as many refer to them as, I was diagnosed with scoliosis (the curvature of the spine). I will never forget the moment in which my specialist explained to me that I would have to wear a hard plastic brace for the next 2 years of my life, 23 hours a day, 7 days a week. This was not quite the new beginning I was wishing for, and my self-confidence for the next 2 years was at an all time low, with all of those feelings from elementary school rushing back to the forefront of my attention. I was leery about building friendships, and I was constantly trying to fathom what my peers were thinking when they noticed the hard plastic protruding through my clothing. It was truly amazing the amount of relief I felt when those 2 years came to an end, yet the loss I continued to feel.

Although the saying is that time heals all wounds, I believe this is a substantive misconception and that time just buries these wounds deeper. Thinking back on this period of my life course brings tears to my eyes to this day, and I often question myself why I reminisce. I know however that keeping this fraction of my story within prevents it from being of comfort to anyone else; and if I cannot use my experience to help another, then I will have suffered without a greater cause. It is in response to this that I am open to sharing my heartache in

hopes that it will give young people the strength to make it through some of their darkest days. I am optimistic that disclosing the former will provide greater context for the present project and foster the development of a better understanding of the methodology selected, procedures determined, analyses proposed, and implications drawn.

Scope and Limitations of the Workshop

The needs assessment developed to inform the design of this workshop resource for the present project was completed by clinical practitioners employed in the same hospital department in Southern Ontario; in response to this sample being drawn from the same environment, the geographic area and demographic selected have the capacity to be deemed as unrepresentative of the population. Despite both participants providing feedback for this project being female, variations exist in their fields of expertise, and thus their experiences professionally provide a diverse range of perspectives. Notwithstanding, it is arguable that a sample size of two is very small. This remained difficult to evade as there were only two clinical practitioners involved in overseeing and delivering an Alternative Education (AE) program specifically designed to support the needs of youth facing mental health challenges from which the participants were drawn, and programs such as this in Southern Ontario are limited, making accessibility difficult. The researcher was granted hospital clearance into this setting, and hence this convenience sample was selected. Furthermore, the instrumentation that was utilized to evaluate this workshop resource is immeasurable by statistical standards, and thus it would be difficult to compare and contrast its effectiveness

with other programs using quantifiable measures. It is important to note however that this workshop resource is intended for practitioners to use in their practice and not for research, with this project falling peripherally under the realm of qualitative research whereby generalization was not intended

Outline of Remainder of Document

This project is divided into five chapters. Chapter Two contained a thorough exploration of the theoretical and empirical research available in the realm of child and adolescent mental health and accompanying Alternative Education (AE) programming opportunities specifically utilizing a Distance Education (DE) approach. The first section of Chapter Two provided a comprehensive examination of Bandura's Social Cognitive Theory, the guiding theoretical framework selected on which to build the foundation of this project. The subsequent section discussed the empirical research that currently exists within this domain while presenting context for exploring this area of study in greater depth. This section is followed by a comparison of both traditional education and AE programs and their suitability for those young people coping with mental health challenges. Additionally, the efficacy of various interventions available for children and youth facing mental health challenges, specifically internalizing disorders, is discussed within the realm of Cognitive Behavioural Therapy (CBT) and psychoeducational treatment options whereby preventive measure are explored. Lastly, a concise, yet profound examination of the findings presented in Chapter Two is presented, and implications are drawn.

Chapter Three examined the research methodology employed and

procedures undertaken to create an informational and pedagogical workshop resource entitled *Group Chat: A Workshop to Support the Emotional and Social Needs of Youth*. Included in this section are the results of the needs assessment which was conducted to inform and contribute to both the philosophy and framework for this workshop resource. Chapter Four extended Chapter Three through including the PowerPoint presentation utilized to foster the researcher in imparting *Group Chat: A Workshop to Support the Emotional and Social Needs of Youth*. A summary and discussion of this project, alongside the results of the evaluative questionnaire utilized to appraise this workshop resource, are included in Chapter Five; implications for practice, theory, and future research are additionally proposed.

CHAPTER TWO: REVIEW OF RELATED LITERATURE

This chapter provided an overview and critical examination of the current state of child and adolescent mental health in Canada today. Throughout this discussion, it becomes essential to explore the behavioural, cognitive, and environmental influences affecting young people in an effort to better understand the origins and manifestation of this epidemic in hopes of preventing intensification; Bandura's Social Cognitive Theory has hence been selected to frame the present project and will be discussed extensively. It becomes evident during this analysis of the need for Alternative Education (AE) programming opportunities for young people facing mental health challenges and in response to the popularity of Distance Education (DE) approaches within therapeutic learning classrooms, a transparent exploration of this methodology transpired. The overall goal of this review of literature was to expand public understanding of unconventional approaches to learning in an effort to encourage paradigm shifts within the public education system, specifically with regard to government-funded educational learning opportunities for young people coping with mental health complications and improve interdisciplinary prevention and intervention treatment options.

State of Child and Adolescent Mental Health in Canada

In recent years, public awareness regarding mental health has become increasingly prevalent, with heightened access to social media and technology serving as a powerful catalyst in this domain (Livingston, Cianfrone, Korf-Uzan, & Coniglio, 2014; Livingston, Tugwell, Korf-Uzan, Cianfrone, & Coniglio,

2014). Notwithstanding however, knowledge surrounding child and adolescent mental health lags farther behind despite pervasiveness and the reality that it constitutes the leading health problems that Canadian children face following infancy (Kutcher et al., 2010; Manion, 2010; Waddell, McEwan, Peters, Hua, & Garland, 2007; Waddell et al., 2005). It is thereby not surprising, yet preposterous to fathom, that “children’s mental health services are the most neglected piece of the Canadian health care system,” with early diagnosis and prevention programs being underfunded (Senator Michael Kirby as cited in Eggertson, 2005, p. 471).

As was previously stated this remains quite troubling as approximately one in five children and youth in Ontario alone are confronting mental health challenges, 75% of which have an onset before the age of 25, with 50% of those difficulties surfacing before the age of 14 (Ontario Ministry of Child and Youth Services, 2011; REACT, 2014;). Equally concerning is the reality that young people between the ages of 15 to 24 are more likely to experience mental health complications than any other group, making it thus critical that treatment services are both available and accessible to this demographic particularly (Statistics Canada, 2013). In regard to the latter however, the state of these treatment services is paramount, as almost a third of Canadians who have sought mental health services reported that their needs were either unmet or partially met, with this rate being even higher for children and youth (Waddell et al., 2005).

Additionally, and further complicating whether young people in need of treatment services actually seek such options, is the undoubtable stigma that surrounds mental health. The Canadian Medical Association (2008) reported that although

72% of Canadians would discuss a diagnosis of cancer and 68% would talk about a family member having diabetes to friends or co-workers, only 50% would share this personal information to such parties regarding a family member with a mental health complication. This evident secrecy surrounding mental health is thus a contributing factor impeding upon the outreach of those whom can benefit from intervention programs versus those who register and receive effective treatment and support. Further depicting the cruciality of this issue is that mental health issues constitute the second leading cause of disability and premature death in Canada, with at least 500,000 employed Canadians being unable to work due to such complications in any given week (Institute of Health Economics, 2008).

The latter therefore buttresses the critical need for early identification and intervention to transpire, not only to foster improved school achievement for young people, a key element influencing future trajectories, but better health outcomes in general (Davidson, 2011; Ontario Ministry of Child and Youth Services, 2011). In this regard, the public education system is a significant site of investigation to gain greater insight within this domain, as the majority of young people invest over a decade of their lives during this critical developmental period to this system, making schools well positioned to address such issues (Wei, Kutcher, & Szumilas, 2011). It is thus pivotal to gain a better understanding regarding how the Ontario education system is functioning to support this demographic alongside those of interrelated systems, as well as available programming opportunities beyond this entity.

In response to the multidimensionality of this issue and the growing popularity of Alternative Education (AE) programs, particularly for those children and youth coping with mental health challenges, the remainder of this chapter seeks to focus on providing both insight into and a thorough analysis of the utilization of a distance education (DE) approach in therapeutic learning classrooms while exploring the implications of such an overarching framework. Therapeutic learning classrooms provide young people with the opportunity to learn in a smaller and flexible motivational environment wherein greater student autonomy is both welcome and fostered. With an ultimate goal of holistic development and overall success upon leaving this specialized classroom, the needs of students are catered to emotionally, socially, and academically. It is hopeful that through such investigation, alongside that of preventive measures and intervention options, a more comprehensive understanding of what is needed to enrich government-funded services to address this issue and how such can be achieved will be revealed to better the lives and trajectories of those young people facing mental health challenges in the future.

Bandura's Social Cognitive Theory

Bandura's Social Cognitive Theory, depicted in Figure 1, serves as the theoretical framework for the present project. According to Bandura (1978), social cognitive theory describes the causal processes involved in psychological functioning whereby there exists continuous interaction between and amongst behavioural, cognitive, and environmental influences. This process is conceptualized in terms of triadic reciprocal determinism, with all three entities

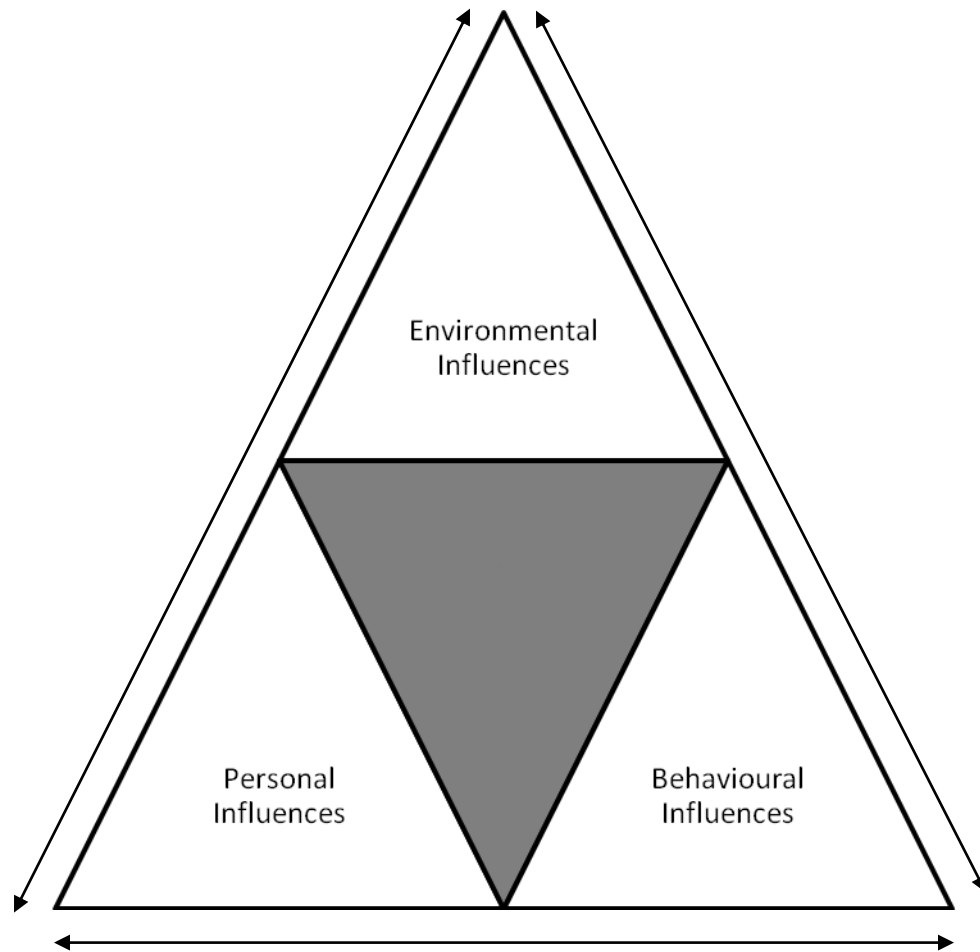


Figure 1. Bandura's Social Cognitive Theory—triadic reciprocal determinism.

(Created by Baird, 2014).

impacting one another and thus being interrelated (Bandura, 1978). A depiction of the former interplay of systems can be viewed in Figure 1.

There is debate amongst experts studying human behaviour, however, regarding the role of self and freedom within this process, to which Bandura (1978) responds in the following way: "Because people's conceptions, their behavior, and their environments are reciprocal determinants of each other, individuals are neither powerless objects controlled by environmental forces nor entirely free agents who can do whatever they choose" (pp. 356–357). In other words therefore, individuals have the capacity to shape future conditions by influencing their courses of action; regardless of not being entirely autonomous, they do have a significant degree of agency (Bandura, 1978). The grey triangle in Figure 1 can thus serve as a symbolic representation of the self system and its significance within Bandura's theory of triadic reciprocal determinism.

This theoretical framework is particularly suitable for this project, as the state of a young person's psyche facing mental health challenges is largely determinant of an interplay of personal, behavioural, and environmental factors. It is thus not until young people are able to develop an understanding of these three, separate yet interconnected influential areas that they are able to better comprehend the power of self with this multidimensional system. With this in mind, it therefore remains important that young people coping with mental health particularly have the opportunity to explore this complex system in a guided and supportive environment, as it is through such a setting that they have the capacity to better develop strategies to confront, consult, and make sense of the multitude

of influential cues they are continually receiving. It is through practice and experiences deconstructing and responding to these various influential elements and discussing accompanying outcomes that young people are able to expand their aptitude in confronting the often unpredictability of daily happenings and best develop consequential coping mechanisms. Additionally, it is important when suggesting intervention programs for children and youth facing mental health challenges that behavioural, personal, and environmental influences are taken into consideration to foster the best referral and pathway to recovery.

Major Residual Dilemmas Within This Specialized Field

To foster such transformative action, it becomes essential to decipher the residual foundational dilemmas that continue to exist despite the information that is available to buttress alternative proceedings to foster the trajectories of young people encountering mental health complications. From a thorough and comprehensive investigation of the literature, the major challenge that currently resides at the heart of this issue is that regardless of the prevalence of mental health complications within this age demographic, fewer than 25% of children and youth who can benefit from specialized treatment services receive such opportunities, highlighting the inadequacies of services nationwide (Kutcher et al., 2010; Manion, 2010; Waddell et al., 2005). As exasperating as this is the reality that only four provinces in Canada—Alberta, British Columbia, Ontario and Saskatchewan—have a child and adolescent mental health policy and/or plan (Kutcher et al., 2010). Within these provinces, however, there exists a substantial variability regarding content and adherence to the World Health Organization

(WHO) framework for child and adolescent mental health policy and plans, which is also highly problematic (Kutcher et al., 2010). Of equal concern is that Waddell et al. (2007) were unable to identify any national or provincial/territorial prevention programs specific to children's mental health; this perhaps serves as an indication of an overreliance upon treatment and consequential overuse of medication as a primary solution.

With such a central problem highlighted, it becomes pivotal to explore the current systematic barriers that hinder advancements in programming across Canada despite evidence of a highly significant issue with grand implications alongside potentially apparent lawful injustices. With the latter at the forefront of concern, it remains critical to consult the *Convention on the Rights of the Child* to articulate possible infringements upon the rights of those young people facing mental health challenges (United Nations Human Rights, 1996-2014). In examination of this manuscript, Article 24 Section 1 and Article 28 Sections 1(a), 1(b), and 1(e) have been established as particularly concerning and are outlined as follows:

Article 24

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

Article 28

1. States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular:

- (a) Make primary education compulsory and available free to all;
- (b) Encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child, and take appropriate measures such as the introduction of free education and offering financial assistance in case of need;
- (e) Take measures to encourage regular attendance at schools and the reduction of drop-out rates.

It has become evident throughout Chapter One and the preceding discussion of the present chapter that the upholding of Article 24 and Article 28 to those young people confronting mental health challenges is often impeded, with this issue being investigated throughout the duration of this chapter. Prior to engaging in such exploration however, it is advantageous to take a closer look at the state of some of the services available in Southern Ontario to develop a better understanding of this entity.

Snapshot Case Study for the Present Project: Therapeutic Learning Settings

There presently exists a publicly funded school board in Southern Ontario that partners with the local health care system to provide a Section 23 classroom that offers individualized educational opportunities to secondary school aged

students who are either enrolled in a Child and Adolescent (Mental Health) Clinic or who benefit from instruction in a therapeutic setting. This program is offered on a hospital site to outpatients and is one of the many services available through the Mental Health and Addictions Program. Despite tremendous interest in this program however, which is not surprising considering the statistics of those impacted and accessibility to government-funded specialized treatment services, there exists a maximum enrolment of eight students per semester, whereby acceptance is generally solely granted for a limit of two terms regardless of pleas by students and their support system. In addition to this, there is speculation regarding the availability of this funded program in years to come largely due to budget costs. Furthermore, through speaking with clinical practitioners, it became transparent that there exists an overarching disconcerted outlook regarding the services available in this region for children and youth with mental health challenges; with concerns regarding eligibility and accompanying bureaucratic intricacies being greeted with disbelief.

Research on Policy in the Field of Child and Adolescent Mental Health

Although the former case study is just one example of some of the inadequacies of services available within Southern Ontario which extend throughout the nation depicting the misbalance between service need and availability in regard to child and adolescent mental health, it serves as a testament to the necessity of change that must occur within this field (Kutcher et al., 2010). Considering that the case study discussed previously is located in a relatively densely populated region and its current status, it is alarming to

consider the state of services available in sparsely populated and/or remote regions across the nation (Diaz-Granados, Georgiades, & Boyle, 2010). It therefore must be contemplated as to why such cuts are occurring in this domain and not others, when human suffering is a primary concern with the growth and development of children and youth being jeopardized. According to Kutcher et al. (2010) and Waddell et al. (2005), as a result of effective prevention and treatment options failing to be available for people during this critical period of their development, this absence often leads to future distress and impairment throughout the duration of the life course, manifesting in complications not only for the individual but for society at large. It thus becomes critical to examine why gaps between epidemiologic data and consequential public policy attention surrounding child and adolescent mental health exist and what can be done to remedy such (Waddell et al., 2005).

Sims et al. (2012) ascertain that this change begins with efficiently teaching early childhood educators about the risk and protective factors surrounding mental health; arguably an expansion of knowledge that would be beneficial to all practitioners. Lewington (2013) avidly supports the latter supposition through reporting on the overarching ill-equipped sentiment that exists in relation to managing mental health issues in the classroom by teachers. It is thus highly advisable that supplementary training that has a lasting impact in this domain is continuously offered to support practitioners in response to this current epidemic (Sims et al., 2012; Waddell et al., 2005).

Although Ontario is beginning to recognize the magnitude of this issue,

with phase one of the Comprehensive Mental Health and Addictions Survey announced in 2011 supplying 257 million dollars over 3 years and 93 million dollars a year thereafter to support an array of school based initiatives, it remains peculiar that little leeway appears to have occurred (Lewington, 2013). As an individual who completed the teacher education program within Ontario in 2013, it can be confidently confirmed that formal education and training surrounding mental health was nonexistent. This remains quite intriguing considering the goals of this initiative and the actuality that prospective educators are an ideal target audience. With this in mind alongside the current state of services in Southern Ontario, it is not surprising that this initiative has the potential to be viewed as being controversial, with queries surrounding the distribution of funds being met with trepidation due to a lack of clarity.

It therefore is important to greet overarching solutions to multidimensional problems with a critical lens. For example, to combat this epidemic, Waddell et al. (2005) advocate for a public health strategy to promote healthy development for all young people. Of similar thought, Lewington (2013) reports on the need for schools to create environments conducive to academic achievement and social emotional well-being, whereby "welcoming classrooms" are the norm. Despite both of these suggestions appearing to be appealing while linking to Bandura's Social Cognitive Theory, specifically to that of triadic reciprocal determinism, it remains important that cautionary measures are exercised in the deconstruction of both proposals. It is no longer, if it ever was previously, advisable to rely upon one-size-fits-all solutions such as these, as an overdependence masks the greater

issue at hand. In addition to this, it would be naïve to blindly accept either of these remedies considering the current state of the Ontario education system and the reality that it is truly, yet unfortunately not conducive to these frameworks.

With these concerns at the forefront of this discussion, it is not surprising that Alternative Education (AE) programs have been gaining popularity for school-aged individuals since the 1990s (Kim & Taylor, 2008). In recent years, with the growing number of young people facing mental health challenges whereby a traditional school environment is not generally favourable to their overall health, well-being, and learning, this pathway has become increasingly attractive (Kim & Taylor, 2008; Ontario Ministry of Child and Youth Services, 2011). Consequently, it is therefore important to explore intervention programs in the form of AE for this particular demographic. As a result of the vastness and immensity of this domain, as was previously noted, the subsequent discussion will focus upon AE programs rooted in Distance Education (DE) methodology in response to many young people facing mental health challenges not having the opportunity to enrol in publicly funded education programs until their teens, whereby DE, in its various forms, is commonly selected both within therapeutic learning classrooms and beyond.

An Overview of Distance Education

Distance Education (DE), often referred to as learning taking place in a virtual school, offers students at the secondary school level the opportunity to enrol in web-based programs that provide either supplemental or full-time studies (Powell & Patrick, 2006). While such programming was originally created to

support those students who were unable to attend school as a result of illness or social reasons, online courses quickly gained popularity with the wider public, leading to revisions in these exclusive stipulations to help meet the needs of a broader demographic (Journell, 2010).

While this type of virtual schooling was initially based upon asynchronous models whereby students had full autonomy in deciding upon when they wished to engage in course material, with technological advancements and the availability of online conferencing using various modes, synchronous models also became available to help meet diverse needs (Kapitzke & Pendergast, 2005). This was an exciting breakthrough, as synchronous teaching and learning are known for being central in creating a more collaborative and interactive experience and thus providing opportunities for virtual social engagement and increasingly meaningful learning (Kapitzke & Pendergast, 2005). Interestingly enough, however, in a study by Murphy et al. (2011) exploring the perspectives of 42 Canadian high school Distance Education (DE) teachers regarding asynchronous and synchronous online teaching, pedagogy emerged as more important than the media available for either model of teaching.

Distance Education in Ontario: Independent Learning Centre

Through exploring workbooks that students enrolled in a therapeutic learning classroom in Southern Ontario were required to complete, it was identified that they originated from the Independent Learning Centre (ILC), Ontario's Designated Provider of Distance Education. To develop a better understanding of this establishment and its methodology, it is important to explore

both the mandate and program details of this organization to distinguish and discuss salient findings.

The ILC acts in accordance with the guidelines and policies of the Ontario Ministry of Education, with the mandate of this program being to provide access to learners in Ontario who need or choose an alternative source of public education (The Ontario Educational Communications Authority, 2014). Students wishing to achieve credits leading towards an Ontario Secondary School Diploma are able to enrol at any time, providing they pay a \$40 administration fee per course and have up to 10 months to complete each course at their leisure (The Ontario Educational Communications Authority, 2014). Courses are available at academic, applied, workplace, college, university, and open levels in both English and French and must be completed in their entirety, including passing a supervised final test to receive a credit (The Ontario Educational Communications Authority, 2014). Supplemental textbooks and materials are loaned to students, with support provided from Ontario-certified teachers, the same individuals who evaluate their work (The Ontario Educational Communications Authority, 2014).

In an exploration of the website and the accompanying program guide of this organization for students under the age of 18, it became evident that the curriculum design, implementation, and evaluation used by this virtual school are quite intriguing. Through having the opportunity to observe students completing hardcopy versions of workbooks from the Independent Learning Centre (ILC) in a therapeutic learning classroom environment with a supervising clinical practitioner during my graduate studies, it was expressed by students that despite

this face-to-face support that was available, it remained difficult to stay motivated as they found themselves detached, bored, and unmotivated by the material. With this in mind, it is increasingly concerning to ponder the arising sentiments of those who are learning from home in solitude and the ways in which they are coping with this autonomy and issues surrounding motivation (Li-Fen, 2006). It is also debatable as to whether the ILC is by its nature an innovative approach or solely a quick fix to a multidimensional and complex issue. As with any program, however, there are both strengths and shortcomings, and thus it is important to investigate existing literature and research to develop a better understanding of the Distance Education (DE) approach to learning (Caroleo, 2014; D'Angelo & Zemanick, 2009; Dewstow & Wright, 2005; Journell, 2010; Kapitzke & Pendergast, 2005; Lagana-Riordan et al., 2011).

Strengths and Shortcomings of Distance Education for Youth

This section of this chapter will provide an analysis of the former through an exploration of various studies and projects utilizing forms of Distance Education (DE), in an effort to appraise consequential efficacy of such programming (Dewstow & Wright, 2005; Journell, 2010; Kapitzke & Pendergast, 2005). One of the major benefits of DE that is commonly discussed is that it is highly accessible to those living in both rural and urban areas and also provides students with the opportunity to explore school subjects in which they are interested, yet are not offered within their home school (Kapitzke & Pendergast, 2005). Additionally, DE programs are also known for building important lifelong skills and minimizing common stresses that arise in traditional schools, both of

which are particularly advantageous to those young people facing mental health challenges. A major concern surrounding DE however is the absence of face-to-face contexts, a disadvantage that may impede student success within these programs (Kapitzke & Pendergast, 2005).

To develop a better internal understanding of this approach, it is interesting to explore a report by Dewstow and Wright (2005) describing a small-scale teacher-initiated project in which a secondary school classroom of senior students accompanied by their teacher studied information communication technologies by immersing themselves in an online learning system. Emerging from this report is the overarching perspective on the behalf of students that learning within an online community encouraged them to think more critically than in a traditional classroom (Dewstow & Wright, 2005). This is as a result of such higher order thinking being essential to students clearly articulating their responses and questions without the luxury of face-to-face interaction, with the latter being necessary for the external expert involved to provide effective advice and support (Dewstow & Wright, 2005). Students participating in this same project also expressed that it was helpful to have all of their notes and tasks online, as not only did this alleviate worry in misplacing them, but they were always aware of expectations (Dewstow & Wright, 2005). Another key advantage of this online learning system is that students expressed they felt more comfortable asking for assistance online in comparison to in class, and both the students and teacher alike noted the aura of friendliness within this community (Dewstow & Wright, 2005). Dewstow and Wright (2005) discuss however that

these advantages may have stemmed from the external support's guiding role in this project and the respective availability of this individual to visit the class throughout the duration of this project and build rapport. This is thus a significant factor worth highlighting, as such face-to-face support is often not typical of traditional Distance Education (DE) programs.

In a qualitative study by Journell (2010) in which 11 secondary students were interviewed regarding their general perceptions of e-learning and their ability to learn content online effectively, findings depicted that nearly all participants maintained that this type of virtual learning was best suited for rote memorization and information transition as opposed to active or social learning, with one of the most difficult aspects of this program being reported as self-motivation. This correlates with the findings that emerged in Dewstow and Wright's (2005) study with regard to many students participating articulating that learning in an asynchronous environment was difficult, as online responses are, for the most part, not as instantaneous as they are in a classroom, with disengagement becoming an issue.

In regard to the feedback attained from Journell's (2010) interview with the online teacher responsible for guiding the learning of these students in this study, it is quite intriguing to consider the following concerns that surfaced. This teacher argued that with Distance Education (DE), solely academic needs are catered to as opposed to social needs, and an artificial environment is created that lacks meaningfulness (Journell, 2010). This is particularly concerning in consideration of Bandura's Social Cognitive Theory alongside the importance of

youth encountering mental health challenges to have the opportunity to develop both their social and emotional needs. Additionally, the students and teacher alike participating in Journell's (2010) study expressed the belief that student–teacher and student–student connections are difficult to build with there being an absence of opportunities to engage in nonacademic conversations, and hence classroom learning has a more attractive atmosphere with it being more hands-on and fun (Journell, 2010).

The latter finding supports that of Dewstow and Wright (2005) emphasizing the importance of face-to-face context within educational programs. Interestingly enough, the students interviewed in Journell's (2010) study almost unanimously viewed their teacher as unimportant to their learning, a finding that is quite captivating considering teachers are the driving force of the traditional education system (Journell, 2010). This remains contrary however to the findings that emerged in Dewstow and Wright's (2005) report regarding the importance of the external support building rapport with the students and the subsequent motivation that resonated with the students immersing themselves in this online learning system as a result.

Overall Student Mental Health: Alternative Versus Traditional Education

With the findings of Dewstow and Wright (2005), Journell (2010), and Kapitzke and Pendergast (2005) in mind, it remains important to reconsider the strengths and shortcomings of general Alternative Education (AE) programs and whether they really supersede traditional education. In response to this project focusing upon child and adolescent mental health and the occurrence that the

needs of these young people are often dismissed and/or cease to be addressed due to deficits in awareness and funding, it remains imperative to discuss the perspectives of students who have been at risk and the environmental factors that both contributed to this position and fostered them to transform this status.

In a qualitative study by Lagana-Riordan et al. (2011), the latter is achieved and the perspectives of 33 students who were at risk are explored regarding their current alternative school in comparison to their formal traditional schools. The overall findings that emerged from the perspectives of these students indicated that traditional schools do not have an understanding of social issues, value the development of maturity and responsibility, provide as great of an opportunity for students and teachers to build rapport, and/or foster positive peer relationships to transpire to the extent that alternative schools provide (Lagana-Riordan et al., 2011). In response to such feedback, Lagana-Riordan et al. (2011) offer the following suggestions to foster teachers and schools to support students who are at risk regardless of the type of environment they are learning within:

1. Focus on supportive and nonjudgemental teacher–student relationships,
2. Make home–school connections a priority,
3. Plan and implement strategies to improve school climate,
4. Be flexible with school rules and offer choices when consequences are given,
5. Provide education to staff members and support services for students, and

6. Adopt a strengths-based approach (pp. 111–113).

The students participating in Lagana-Riordan et al.'s (2011) study ascertained that it was a result of their alternative schools embracing and upholding these suggestions that they were able to achieve the level of success that they were currently accomplishing, one which they were confident would have been unattainable in their traditional school setting.

On the contrary however, through exploring a literature review conducted by Caroleo (2014) and a program analysis by D'Angelo and Zemanick (2009), the overall major concern that became apparent contributing to the prospective disadvantage of AE programs is that they are often located off site from mainstream secondary schools, contributing to young people in attendance feeling alienated from the general school population. Although students at risk thrive in small, responsive, community-type classes, at the same time they are hindered by their segregation, and a stigma is attached to their attendance, making this a major risk factor (Caroleo, 2014; D'Angelo & Zemanick, 2009). Despite being cognizant of the variability among AE programs, it remains important to consider these findings, especially when trying to reenvision programs using more innovative and progressive practices.

In D'Angelo and Zemanick's (2009) discussion of The Twilight Academy, an effective Alternative Education (AE) program, three of their findings remained particularly significant: (a) building teacher/student rapport, trust, and respect must precede academics, (b) authenticity within curricular activities is essential, whereby real-world connections can be made, and (c) maintaining a connection

between the alternative classroom and the home school is critical. It was intriguing to ponder these findings in relation to the overall pedagogy surrounding therapeutic learning classrooms and the snapshot case study presented previously to provide an internal understanding of such settings. The first two findings emerged and were buttressed throughout the research of Dewstow and Wright (2005), Journell (2010), Kapitzke and Pendergast (2005) and Lagana-Riordan et al (2011), both of which remained of high value to the successes of various formats of AE programs, beliefs in which cease to be commonplace within traditional education.

As for the third finding, this was something that remained disconcerting within the snapshot case study, as students were permitted to enrol for a maximum of two terms in this Alternative Education (AE) program, with only eight spots available in the region, and once this time elapsed, they often returned to their previous home schools or another traditional school environment. Despite clinical practitioners and students being cognizant of this reality, this therapeutic learning classroom was completely detached from the home schools of those students enrolled, with students more often than not ceasing to participate in extracurricular sports and activities to stay connected. With this in mind, and the perceived stigma attached to AE, especially by peers, it is distressing to ponder the transition that these students must undergo upon their return to their home school considering the findings of Caroleo (2014) alongside D'Angelo and Zemanick (2009). To provide students with the opportunity to make such progress, but then ascertain that they return to the toxic environment that led them

to enrolling in an AE program in the first place, seems not only regressive but inherently flawed on so many levels.

Cognitive Behavioural Therapy and Psychoeducational Treatment Options for Youth Confronting Mental Health Challenges

While the educational environment in which young people confronting mental health challenges is a substantial factor in their overall growth and development, remaining paramount to the optimal progression of development are access and exposure to appropriate treatment options and/or programs. This project principally converged around internalizing mental health disorders in response to the reality that anxiety disorders constitute the most widely reported and common form of psychological distress confronting children and adolescents within this subset (Cartwright-Hatton et al., 2006; Costello et al., 2003; Miller et al., 2011; Muris et al., 2010). As a result of the anxiety of young people often not being addressed, and subsequently vast associations with negative life outcomes having the potential to manifest, this section of this chapter will explore primary intervention studies focused around various forms of cognitive behavioural therapy and psychoeducational treatment options specifically for this demographic (Cartwright-Hatton, McNicol, & Doubleday, 2006; Costello, Mustillo, Erkanli, Keeler, & Angold, 2003; Miller et al., 2011; Muris, Mayer, Kramer Freher, Duncan, & van den Hout, 2010).

In an effort to assist children diagnosed with anxiety disorders in regulating their thoughts and emotions in a healthy and proactive way, Kearny, Pawlukewicz, and Guardino (2014) explored the effectiveness of Emotional

Management Training (EMT) through implementation via a variety of complementary social and therapeutic group activities offered through *Freedom's Way (FW)*. EMT, a nontraditional form of Cognitive Behavioural Therapy (CBT) particularly designed for children facing anxiety, was selected by Kearny et al. (2014) in response to the need of instruction for children to be specific to better predict their success in acquiring essential coping skills. The purpose of this study was to both evaluate the results of *FW*, a social day program whereby psychoeducational and CBT techniques were taught to children with anxiety disorders, and guide the design and implementation of future programs using the same methodology and target audience (Kearny et al., 2014).

Freedom's Way (FW) was administered at the end of two summers over a 2-week period with a schedule of six 50-minute daily periods; 58 children participated in this program, ranging in age from 5 to 14, with slightly more than 50% of participants being male (Kearny et al., 2014). Groups were assigned based upon age, with each group allotted at least one clinically licensed mental health professional with a master's or doctorate degree who was familiar with Cognitive Behavioural Therapy (CBT), alongside one to three assistant leaders at the high school or undergraduate level, with staff being responsible for annually completing a training course in Emotional Management Training (EMT) therapy (Kearny et al., 2014). To determine the efficacy of *FW*, findings were gathered through the Multidimensional Anxiety Scale for Children (MASC), program satisfaction surveys, counsellor evaluations, observations by mental health

professionals and assistant group leaders, as well as participant and parent reports (Kearny et al., 2014).

The Multidimensional Anxiety Scale for Children (MASC) is a 30-item self-report questionnaire that uses a Likert-type scale to measure anxiety symptoms in young people whereby the following subfactors are assessed: physical symptoms, social anxiety, harm avoidance, and separation anxiety (Kearny et al., 2014). An Anxiety Disorder Index (ADI) is also included within the MASC to differentiate between young people with and without anxiety disorders alongside an Inconsistency Index to measure validity (Kearny et al., 2014). *t* scores corresponded with the total MASC score, the ADI, and subfactor scores, all of which were utilized to determine levels of anxiety (Kearny et al., 2014).

Results from administration of the Multidimensional Anxiety Scale for Children (MASC) and evaluation of participants' anxious behaviour pre- and post- *Freedom's Way (FW)* by counsellors both indicated a decrease in children's anxiety over the course of two program offerings, whereby measurable and observable improvements in anxiety were shown (Kearny et al., 2014). Additionally, the End-of-Program Satisfaction Surveys completed by participants and caregivers alike were positively consistent (Kearny et al., 2014). It became evident specifically through administration of the MASC that a short-term program such as *FW*, directed towards young people facing anxiety disorders, can yield lower anxiety, whereby measurable and observable improvements in anxiety symptoms were shown (Kearny et al., 2014). The findings of Kearny et al. (2014)

therefore support the use of EMT within a social milieu as part of a practical treatment plan and an alternate to the traditional Cognitive Behavioural Therapy (CBT) model for children facing anxiety disorders.

Similar to Kearny et al. (2014), the research of Bögels and Siqueland (2006) conducted an alternative form of Cognitive Behavioural Therapy (CBT). Bögels and Siqueland (2006) developed and evaluated the use of a family CBT treatment option for children and adolescents with clinical anxiety disorders from the ages of 8 to 18, whereby 17 families participated, 8 girls and 9 boys respectively, with a mean age of 12.7 years. Bögels and Siqueland (2006) found that, of the children treated through this approach, 41% were free of their primary anxiety disorder posttest, 57% at a 3-month follow-up, and 71% at a 1-year follow-up in comparison to the diagnostic status of all of the children on the waitlist remaining unchanged (Bögels & Siqueland, 2006).

To determine these findings, at each of the latter measurement occasions a clinical psychologist evaluated the psychopathology of the children using the Kids Semi-Structured Clinical Interview for DSM-IV diagnosis via an interview format whereby two interviews were conducted per participating family—one with the child and the other with both parents (Bögels & Siqueland, 2006). Each family completed the Screen for Child Anxiety Related Emotional Disorders, and both parents completed the Child Behaviour Checklist (CBCL); (Bögels & Siqueland, 2006). Prior to pretest, each family helped the therapist decipher important treatment targets by listing the five situations that the child fears and/or avoids the

most, with the child and his or her parents rating these targets on a scale of 0 to 10 (Bögels & Siqueland, 2006).

To measure the dysfunctional beliefs of the children, each child listened to six different ambiguous audiotaped stories, three at pretest and three at posttest, that were randomly selected from a series of nine validated stories (Bögels & Siqueland, 2006). After each story, children were asked to express all of the thoughts that went through their minds as they were listening and what they would subsequently do as a result; psychologists blinded for pretest–posttest rated the responses according to valence and actions (Bögels & Siqueland, 2006). Following this, using an "if, then" format, each child worked with a therapist to list five unique statements detailing his or her main dysfunctional beliefs related to his or her fears, all of which were checked in supervision, whereby children rated each on a level of conviction using scale of 0 to 10 (Bögels & Siqueland, 2006). In regard to measuring dysfunctional parental beliefs, alongside a therapist, parents formulated five of the former concerning the anxiety of their child and their parental role, whereby each belief was also rated on a level of conviction using a scale of 0 to 10 personally, as well as in relation to their partner's beliefs (Bögels & Siqueland, 2006). Parental psychopathology was rated via the Adult Self Report Questionnaire based upon the Child Behaviour Checklist (CBCL) and completion of a subsequent Fear Questionnaire (Bögels & Siqueland, 2006).

Parental rearing was measured using the following scales: Acceptance and Psychological Control of the Child Rearing Parental Behaviour Inventory and Egna Minnen Beträffande Uppfostran- Child, with families together rating the 60

items utilized (Bögels & Siqueland, 2006). Lastly, to determine family functioning, families completed the Family Functioning Scale, which consisted of 15 factors and contained three dimensions including relationships, system maintenance, and personal growth (Bögels & Siqueland, 2006). Through the combination of highly similar subscales and by aggregating child ratings of both parents' rearing behaviours, the number of dependent variables were reduced (Bögels & Siqueland, 2006). Changes from waitlist to pretest and pretest to posttest, 3-month, and 1-year follow-up were analyzed using paired *t* tests (Bögels & Siqueland, 2006). Through the utilization of Bonferroni-Holm correction, all *p* values were adjusted for type I errors, and effect sizes were calculated using Cohen's *d* (Bögels & Siqueland, 2006).

Bögels and Siqueland (2006) found that in regard to improvements surrounding children's fears, dysfunctional beliefs, and interpretations of ambiguous situations, effect sizes were large; medium effect sizes were found in relation to children's internalizing and externalizing symptoms (Bögels & Siqueland, 2006). Interestingly enough, results also implied that caregivers benefitted from participating in this study, with large improvements being observed surrounding dysfunctional beliefs about their children and their role as a caregivers, alongside some improvements in family and rearing variables, with fathers specifically reporting less anxiety themselves after treatment (Bögels & Siqueland, 2006). The findings of Bögels and Siqueland (2006) therefore buttress the efficacy of family Cognitive Behavioural Therapy (CBT) as a useful treatment option for clinically anxious young people and their families. Overall, this method

was associated with reductions in both child/parental anxiety and dysfunctional child/parental beliefs alongside improvements in parental rearing and family functioning (Bögels & Siqueland, 2006).

Expanding upon the findings of Kearny et al. (2014) and Bögels and Siqueland (2006) and in response to social anxiety disorder peaking in adolescence and many young people affected ceasing to receive treatment services, Masia-Warner et al. (2005) conducted a research study exploring the efficacy of a cognitive behavioural school-based intervention program to support adolescents confronting this internalizing difficulty through a randomized waitlist control trial. This intervention was entitled *Skills for Academic and Social Success* (SASS), and 35 adolescents, 26 of whom were female, in grades 9 through 11 participated in this 3-month program coled by a clinical psychologist and clinical psychology graduate student (Masia-Warner et al., 2005).

Skills for Academic and Social Success (SASS) consisted of 12 weekly group school sessions (40 minutes), two individual meetings (15 minutes), two group booster sessions, and four weekend social events (90 minutes); (Masia-Warner et al., 2005). School group sessions addressed the following topics: psychoeducation, realistic thinking, skills training, exposure, and relapse prevention, with individual meetings consisting of personal treatment goal setting and social events providing the opportunity for participants to authentically practice program skills (Masia-Warner et al., 2005). The parents of those adolescents participating attended two school group meetings (45 minutes) where they received psychoeducation regarding social anxiety and learned various

techniques to address their child's anxiety to foster in facilitating improvement (Masia-Warner et al., 2005). Additionally, teachers also participated in two (30-minute) psychoeducational meetings where they were further educated on social anxiety, the *SASS* program, and ways to manage anxiety in the classroom (Masia-Warner et al., 2005).

Measures of assessment included the outlined forms of independent evaluator ratings (Anxiety Disorders Interview Schedule for DSMIV: Parent and Child Versions, Liebowitz Social Anxiety Scale for Children and Adolescents, Social Phobic Disorders Severity and Change Form, and Children's Global Assessment Scale), self-report inventories (Social Phobia and Anxiety Inventory for Children, Social Anxiety Scale for Adolescents, Children's Depression Inventory, and Loneliness Scale), and parent ratings (Social Anxiety Scale for Adolescents: Parent Version); (Masia-Warner et al., 2005). Trained independent evaluators unaware of treatment conditions conducted all clinical assessments and evaluated the participants at preintervention, postintervention, and 9 months following this study (Masia-Warner et al., 2005). Three sets of analyses were performed and compared to assess the robustness of the findings using a random regression approach whereby effect sizes were determined using Cohen's *d* including: (a) completer analyses, (b) random regression models, and (c) intent-to-treat analyses (Masia-Warner et al., 2005). Chi-square and *t* tests for independent samples were conducted to measure preassessment comparisons of the treatment and control groups (Masia-Warner et al., 2005). To control for baseline comorbidity, the Mantel-Haenszel χ^2 test was used to compare

postintervention comorbidity rates (Masia-Warner et al., 2005). Additionally, to examine maintenance of treatment gains from postintervention to the 9-month follow-up, paired sample t tests were used (Masia-Warner et al., 2005).

Masia-Warner et al. (2005) found that participants in the intervention group not only demonstrated significantly greater reductions than the control group with regard to social anxiety and avoidance, but also improved their overall functioning. Additionally, 67% of treated participants, in comparison to 6% of waitlist participants, ceased to meet the criteria for social phobia following treatment (Masia-Warner et al., 2005). The statistically and clinically significant findings of Masia-Warner et al. (2005) therefore support that empirically based school interventions consisting of social skills training, exposure, and realistic thinking are not only feasible but have the capacity to be effective in facilitating access to treatment for adolescents who are socially anxious, while fostering improvements in their overall functioning.

Similarly, Miller et al. (2011) examined the efficacy of offering *Skills for Academic and Social Success* (SASS) within a secondary school setting to students facing anxiety disorders with regard to the transportability and dissemination of this program alongside its ability to reduce symptoms of anxiety and depression in at-risk adolescents. A total of 27 students participated in this study (56% female, 44% male), ranging from 13 to 17 years of age (Miller et al., 2011). In this modified version of SASS conducted by Miller et al. (2011) and originally developed by Masia-Warner and colleagues (1999), teachers and adolescent peer counsellors were trained to deliver the 10 sessions (60 minutes each) offered in a

condensed version of this program; details of program sessions were outlined in the analysis of a research study conducted by Masia-Warner et al. (2005). To measure anxiety and depression, participants completed the following self-report questionnaires at pretest and posttest: Multidimensional Anxiety Scale for Children (MASC), a revised version of the Mobility Inventory for Teens, and the Centre for Epidemiological Studies Depression Scale for Children (CES-DC); (Miller et al., 2011). The Teen Anxiety Scale for Parents was also included as a pilot measure in this study (Miller et al., 2011). Additionally, program participants, adult leaders, and peer counsellors completed various versions of evaluative questionnaires following the conclusion of the SASS program, where average ratings were reported. Paired t tests were conducted to assess whether groups showed changes in anxiety symptoms as a result of the SASS program based upon pre- to posttest scores for the MASC and Mobility Inventory for Teens, with effect sizes calculated using Cohen's d (Miller et al., 2011). To assess participant responses on the depression questionnaire, a paired-samples t test was conducted to assess differences from pretest to posttest scores for the CES-DC (Miller et al., 2011).

Miller et al. (2011) found that at-risk adolescents participating in this modified program version of *Skills for Academic and Social Success* (SASS) showed a reduction in anxiety, behavioural avoidance, and depressive symptoms from pretest to posttest. Furthermore, the SASS training program was well received and positively rated by adult leaders in regard to its layout, instructions, and the overall experience created through this opportunity (Miller et al., 2011).

The findings of Miller et al. (2011) and Masia-Warner et al. (2005) therefore buttress the use of *SASS* in its various forms as an effective early cognitive behavioural school-based intervention program for reducing symptoms of anxiety and depression among adolescents specifically within North America.

Mental Health Challenges: Promoting Early Intervention

In response to the research of Bögels and Siqueland (2006), Kearny et al. (2014), Masia-Warner et al. (2005), and Miller et al. (2011) yielding positive results, it remains imperative to continue to explore the promotion of early intervention and preventative measures to support young people facing internalizing mental health challenges. This section explores the pivotal role that the education system plays within this process, alongside barriers preventing a greater number of young people from accessing and receiving the specialized treatment services to which they are entitled.

According to Wei et al. (2011), adolescence is a critical period for the promotion of mental health and the treatment of struggles within the former domain, making schools pivotal sites of intervention and vehicles for addressing such complications. Wei et al. (2011) examined an innovative school-directed mental health model specifically designed for Canadian secondary schools entitled *School-Based Pathway to Care*. The philosophy driving this program is founded in a multidisciplinary team approach whereby it is emphasized that schools need to be linked to primary care providers, mental health services, and the wider community in an effort for these powerful systems to unite and best address and foster youth mental health (Wei et al., 2011). To enhance the learning

environments and academic outcomes of young people coping with mental health challenges, Wei et al. (2011) indicated that the success of this model upon implementation was highly indicative of mental health literacy, gatekeeper training, and education/health system integration.

Remaining essential to all mental health programs is the inherent need for them to be based upon a well-conceived, cohesive, theoretical, and evidence-based framework that addresses a variety of mental health needs from mental health promotion to case identification, triage, and referral (Wei et al., 2011). Extending this proposal, Weisz, Sandier, Durlak, and Anton (2005) argued the necessity of a unified framework linking evidence-based prevention and treatment to both promote and protect youth mental health. Collaboration amongst organizations, agencies, and institutions across all sectors serving children and youth is paramount to increasing the aptitude of young people in coping with mental health issues that have the potential to manifest and fully supporting them along this journey (Wei et al., 2011). The occurrence of the latter is essential to increasing accessibility; however, prior to such transpiring, it remains essential that gaps both within empirical data and between research and practice are minimized (Weisz et al., 2005).

Although the efficacy of early identification alongside connection with appropriate intervention programs for young people confronting mental health challenges has demonstrated to be successful, it is undoubtable that assistance is frequently sought late, while the wait times for treatment are substantial (Davidson, 2011). Davidson (2011) indicated that the latter occurs in response to

caregivers not recognizing mental health difficulties, professionals failing to identify troubles, the family-based stigma associated with mental health challenges, and difficulty navigating available mental health services. This is disheartening, as it is estimated that 70% of the mental health difficulties children and youth face can be solved through early diagnosis and timely interventions, thus decreasing disability, improving economic activity, enhancing quality of life, and reducing mortality (Kutcher & Davidson, 2007; Leitch, 2007).

In response to the continuity of care, Davidson (2011) argues that Canada can greatly improve in its policy regulations surrounding transitioning youth into adult mental health services, as operating a system by chronological age is highly problematic. Notwithstanding, the major foundational dilemma existing within the realm of early and appropriate intervention and treatment opportunities for young people facing mental health challenges in Canada is that the availability of such health care does not come close to meeting the need within this nation (Kutcher, 2011).

Day Treatment Programs for Young People Coping With Mental Health

It remains important at this time however to provide insight into noteworthy and government-funded day treatment programs available in Southern Ontario for children and youth confronting mental health challenges. Pathstone Mental Health (2014) fosters the development of the academic, behavioural, and social needs of young people who are having difficulty benefitting from regular school programs through offering an intensive day treatment program for students from the age of 6 to 17. Utilizing a specialized classroom setting whereby small

class sizes are upheld, a team provides both treatment and education to each student and his or her support system through this service (Pathstone Mental Health, 2014). Individual treatment needs are determinant of the length of stay within this program, whereby the ultimate goal is to reintegrate children and youth back into a regular classroom following the development of the holistic needs of those enrolled (Pathstone Mental Health, 2014). Similarly, Lutherwood (2012) also provides a therapeutic day treatment program for youth from the age of 12 to 18 who are experiencing significant emotional and behavioural difficulties using a client focused and strengths-based approach. In an effort to foster typical adolescent growth and the attainment of treatment goals, this service provides the combination of a supportive school environment with therapeutic and skills training activities (Lutherwood, 2012). Pathstone Mental Health (2014) and Lutherwood (2012) alike both work in partnership with local schools boards, whereby a collaborative and multidisciplinary team based approach prevails to most effectively support young people and their families in best achieving individualized treatment goals, indicating alignment to existing evidence-based practice.

Summary

Although the field of child and adolescent mental health is in the midst of transformation, it is frightening to contemplate the transpiration of such proceedings when limited evidence-based empirical research exists (Davidson, 2011; Kutcher, 2011; Schmidt, 2012; Wei et al., 2011; Weisz et al., 2005). First and foremost therefore, evidence-based practice needs to be a priority within this

field to answer increasing demands for accountability; until this occurs, the quality of care surrounding prevention as well as treatment options and subsequent outcomes will remain suboptimal (Kilbourne, Keyser, & Pincus, 2010; Schmidt, 2012). In addition to this, to continue to foster the amendment of the undoubtable gap between research and practice, collaboration both between and within multiple sectors and disciplines needs to transpire (Schmidt, 2012).

Through recognizing both of these suggestions as primary concerns, the stigma surrounding child and adolescent mental health will begin to be decreased through active promotion of credible information and the development of effective and accessible programs (Eggertson, 2005; Kutcher et al., 2010). Abolishing misconceptions within this specialized field is pivotal in opening this conversation further and fostering individuals in acknowledging their duty of care and sense of responsibility in helping to mend this disarray. It is hoped that by recognizing and validating these components, those impacted can become increasingly comfortable in seeking support and effective treatment programs can be further developed. Essential to successes hereof and thereafter is valuing the voices of those who have been otherwise neglected and disempowered, as until these individuals are treated with integrity, dignity, and respect, this field will remain stagnant.

There is a quote by Richelle Goodrich which states the following: "There are far too many silent sufferers. Not because they don't yearn to reach out, but because they've tried and found no one who cares." This stark reality is truly disgraceful, and until children and youth facing mental health challenges cease to

be disenfranchised, little progress will transpire and the trajectories of these individuals will remain impoverished, a depreciation that cannot be afforded as human life is being jeopardized as a result. Effective advancements however are not lost, as with collaboration amongst and between disciplines and systems, meaningful change can occur within this essential field, with the education system being a powerful mechanism in this process.

CHAPTER THREE: METHODOLOGY AND PROCEDURES

This chapter provided insight into the overarching methodology that builds the foundation for *Group Chat: A Workshop to Support the Emotional and Social Needs of Youth*. A thorough examination of the methods selected to develop and design this informational and pedagogical workshop resource are provided. A needs assessment was created to gather data to buttress the latter, and the findings of the former are additionally included in this chapter. Overall therefore, although this study was grounded in empirical research, it namely adheres to a developmental framework. In addition however, evaluative links and underpinnings are evident in Chapter Five, serving to both inform and support the implications for practice, theory, and future research proposed within this section.

Personal Rationale and Need for the Workshop

After decades of experiencing the traditional education system at various levels and roles, I became more dismayed as the years progressed and decided I needed to find a way to take action and endeavour to make a positive change. With a passion for child and adolescent mental health, upon learning of a sectional classroom that offered individualized educational opportunities for those who benefit from instruction in a therapeutic setting at the secondary school level, I felt compelled to commence the present project.

Through engaging within comprehensive discussions in conjunction with hospital administrative supervisors during initial context meetings via the onsite Mental Health and Addictions Program, it became evident that it would be advantageous for the students enrolled in this onsite Section 23 classroom to have

access to a type of "skills group," as they referred to it. Through a juxtaposition of together expanding on the latter thought and reflecting on my educational background, they proceeded to invite me to create and facilitate an informational and pedagogical workshop resource that could be utilized by practitioners in the future not only to inform such pivotal figures of the current state of child and adolescent mental across the nation, but also to provide ideas to support the development of both the social and emotional needs of youth coping with mental health challenges. Prior to developing this informational and pedagogical workshop resource, an inductive method to research was applied alongside a comprehensive review of the literature regarding the status of child and adolescent mental health within Canada, particularly Ontario, and the apparent need for such programming opportunities within this specialized field. In an effort to develop the most effective version of the latter, a needs assessment was also conducted; time however did not permit for pilot testing due to the immediate need for this workshop resource. The empirical findings of D'Angelo and Zemanick (2009), Journell (2010), and Lagana-Riordan et al. (2011) principally served as a catalyst for the present project in regard to the pedagogical aspect of this resource, while augmenting the feedback attained from the needs assessment, which will be reexamined throughout this chapter.

Ethical Considerations

Prior to imparting the developmental process of *Group Chat: A Workshop to Support the Emotional and Social Needs of Youth Coping with Mental Health Challenges*, it is important to emphasize that I engaged in stringent ethical

clearance procedures through the public health care system before being permitted to develop and share this workshop resource with onsite clinical practitioners, whereby an intensive and extensive screening process was upheld. Preceding acceptance into this restricted environment, I partook in a two-stage interview process. First, I was interviewed by an individual holding a supervisory position in the Mental Health and Addictions Centre. I was then directed to another individual who specialized in child and adolescent mental health services for a subsequent consultation.

Following this, it was imperative that I successfully pass all stages of the Occupational Health and Safety Department's Communicable Disease Surveillance Program and be fit-tested for an N95 mask. I then participated in a full-day orientation conference alongside all new hirees for the public health care system in Southern Ontario, where major topics of discussion evolved around policies and standards, privacy and confidentiality, health and safety, human resources, and overall excellence in the field. It was also imperative that I successfully completed a patient confidentiality quiz as well as an online privacy education session and signed a privacy and confidentiality acknowledgement. In addition to this, during the sharing of this workshop resource, hospital personnel in administrative positions were present to ensure that policies remained unbreached and that all participants were provided and treated with the highest of care. Upon submitting all required paperwork to the depository of the public health care system, a hospital swipe pass was issued.

Location of the Needs Assessment and Workshop

The needs assessment that served to inform and support the present project alongside the sharing of this informational and pedagogical workshop resource transpired within a hospital setting located in Southern Ontario through the services offered in the Mental Health and Addictions Program. The philosophy building the latter program is founded in a holistic, recovery model of care, whereby patients are to be treated with the highest degree of respect and sensitivity at all times. The newly developed space allocated to the Section 23 classroom onsite in particular was designed to recreate an inviting, home-like environment, in an effort to foster enrolled learners to feel both safe and comfortable as they developed their academic, emotional, and social needs.

Needs Assessment

The following discussion provides a description of the format and context of the needs assessment that was utilized for the present project including an overview of the participants, description, duration, and subsequent findings.

Participants in the Needs Assessment

The clinical practitioner team of the onsite Alternative Education (AE) program offered to youth constituted the sample from which this needs assessment was acquired. The clinical practitioners of this Section 23 classroom were invited to partake in this project based upon their understanding of the methodology building this AE program and their expansive array of experiences within this specialized field; thus indicating both their suitability and equitability to partake in this appraisal. A copy of the letter of invitation and

informed consent form utilized are included in Appendix A.

The feedback that was attained from the latter method largely contributed to the development, design, and implementation of *Group Chat: A Workshop to Support the Emotional and Social Needs of Youth*. It is important to note that pseudonyms were randomly selected and assigned during this process to ensure confidentiality and that limited personal information has been disclosed to uphold the privacy of both participants. Although both participants are female, variations exist in their fields of expertise, and thus their experiences professionally, providing a diverse range of perspectives. Notwithstanding, it is arguable that a sample size of two is very small. This remained difficult to evade however, as there were only two clinical practitioners involved in overseeing and delivering this therapeutic learning classroom, and programs such as this in Southern Ontario are limited, making accessibility difficult. The researcher was granted clearance into this setting, and hence this convenience sample was selected. It must be emphasized that neither of the participants are known to the researcher. A synopsis of the participants' demographic data is presented in Table 1.

Description and Duration of the Needs Assessment

A semistructured questionnaire format was utilized to assist the researcher in designing this informational and pedagogical workshop resource. All questions were designed to be relatively open-ended to provide participants with the space to share their opinions in a way that was most comfortable to them in an effort to gather a rich array of meaningful data, with the feedback gathered serving to be instrumental to the present project. A copy of this questionnaire has been included

Table 1

Participants in the Needs Assessment

Participant	Name	Gender	Field of Expertise
1	Adele	Female	Social Care Services
2	Michelle	Female	Alternative Education

for reference in Appendix B. It is important to note however that this workshop resource is intended for practitioners to use in their practice and not for research, with this project falling peripherally under the realm of qualitative research, whereby generalization was not intended.

Two sealed envelopes with an enclosed letter of invitation, informed consent form, needs assessment questionnaire, and return envelope were delivered by the researcher to the secretary of the Mental Health and Addictions Program located on a hospital site in Southern Ontario; a random number was assigned to each potential participant and demarcated on each envelope. Attached was a memo for the secretary to deliver such packages to the clinical practitioners of the alternative education program offered on site. Each clinical practitioner provided written informed consent, completed the needs assessment questionnaire, and returned the sealed envelope to the secretary of the Mental Health and Addictions Program within the 2 weeks allocated, permitting this project to proceed. All completed documents remained on hospital site in a locked cabinet following return whereby the researcher was the sole individual permitted to review such feedback exclusively on site.

To ensure that participant confidentiality and anonymity were maintained at all times for those participating in this project, pseudonyms were assigned and written on returned questionnaires for referral, with consent forms stored in a separate file in the same locked cabinet. It must be reiterated that self-identifying names were not included or, in any other way, associated with the data collected in the study and that fictitious names have been used to describe and differentiate

between feedback supplied to protect the privacy of the participants. In addition, participation in this project was voluntary, and participants were reminded that should they wish to withdraw at any time, exercising an inherent right, personal accompanying consent forms and questionnaires would be shredded and discarded immediately, with any discussion of data collected previously immediately removed from this project. Six months marking the completion of this project, consent forms and questionnaires will be shredded and disposed of.

Findings of the Needs Assessment

A total of three questions framed the semistructured needs assessment questionnaire that was confidentially distributed to the participants and utilized to extract the data for this project. The following includes a description of the questions employed and the subsequent responses provided by the participants.

Question #1

In developing a workshop resource to support the social and emotional needs of youth facing mental health challenges, what founding elements do you ascertain as essential to such programs?

Participant 1 (Adele) and participant 2 (Michelle) both indicated their desire for an active, dynamic, and engaging learning environment to build the foundation of this group. Michelle reported in particular the need for a safe and respectful space to be created where all students felt comfortable partaking and sharing their experiences and/or opinions. The latter thought was extended further by Michelle through a discussion of sensitivity, and how integral this quality is on the part of the facilitator to the success of this group, which Adele also implied.

Adele also made reference to the need for this group to be authentic and purposeful, not only to capture the attention of the students but to hopefully be an inspirational mechanism.

Question #2

What specific criteria do you believe underlie the success of an informational and pedagogical workshop resource to support both the social and emotional needs of youth coping with mental health personally, and practitioners in this specialized field and beyond?

Adele and Michelle both indicated that although the creation of workshop resources in this domain had been attempted previously, they had never been as successful as anticipated. Each participant highlighted that an absence of a background in education and subsequent pedagogical content within this domain on the part of the facilitator may have contributed to this. Adele discussed one classroom workshop session in particular that she could recount; she noted that although the outline for that gathering appeared to be rich and interesting, something was lost in translation through the delivery, and thus the students appeared to become bored and disinterested very quickly. Further, Adele communicated however that in another session she was able to observe, where the content did not seem to be as interesting, in response to the passion and enthusiastic nature of the facilitator, the students wanted to participate in the planned activities and expressed their enjoyment of that session. Michelle too reported the importance of positive energy on the part of the facilitator and the need for a practical resource practitioners can be comfortable accessing. This

thought was extended by Michelle through a discussion of the need for more practitioners to have the opportunity to participate in a workshop that raises awareness about child and adolescent mental health to open this pivotal conversation.

From previous experiences, it was also noted by Adele that she thought it would be advantageous if someone from beyond the initial classroom team could facilitate the student-directed component of this workshop, to provide students with the occasion not only to meet and build rapport with an individual they had no previous connection with but to become acquainted with someone who viewed the world with an alternative lens, and thus build community connections. Adele proceeded to indicate that facilitators young in age are increasingly valuable in leading student workshop sessions, as from past experiences, students appear to be better able to relate and connect to such individuals. Michelle also articulated the need for student workshop sessions to take place on a set schedule, as the students appreciate being aware of weekly calendars, elaborating that organized planning equips the students with the opportunity to anticipate those listed activities which are of greatest interest to them and have something to look forward to outside of their regular routine.

Question #3

Based upon your experiences within this specialized field, are there any topics that you think would be particularly beneficial to explore and/or discuss during the student-directed component of this workshop resource in hopes of nurturing the development of the social and emotional needs of youth coping

with mental health complications?

Adele referenced the need for sessions to address and nurture the building of everyday skills that are often taken for granted, such as coping with anxiety or teamwork. The latter thought was further addressed by Adele through a discussion of how important it is for the students to have the opportunity to engage in supervised conversations that they may not otherwise be privy to. Michelle ensued to extend an earlier discussion regarding sensitivity, rearticulating how critical it was that certain topics such as suicide do not surface within conversations in response to the potential of such to elicit negative feelings, which Adele also supported. Additionally, Adele and Michelle both reported that they wanted the sessions to be fun yet informative, and that while the topics were significant, the discussions that transpired as a result were the most paramount. Overall, both participants indicated that while the academic needs of students were being addressed in this therapeutic learning classroom, there was room for improvement in relation to the nurturance of their social and emotional needs, thus supporting the essentiality for this group, and that any sessions to foster development within this domain would be beneficial. Adele extended the latter with a reminder that this workshop should avoid being therapy based and/or resemble a counselling environment and that functioning instead from an activity-orientated framework is increasingly advantageous.

Summary of the Needs Assessment and Findings

The findings of the needs assessment buttress those of D'Angelo and

Zemanick (2009), Journell (2010), and Lagana-Riordan et al. (2011) while being interconnected with Bandura's Social Cognitive Theory, as were presented and discussed thoroughly in Chapter Two. Similar to D'Angelo and Zemanick (2009) and Lagana-Riordan et al. (2011), both participants ascertained that the efficacy of AE programs is highly indicative of the ability for rapport, trust, and respect to be built first and foremost; followed by ensuring authenticity within both curricular and extracurricular activities, whereby real-world connections can be made. In addition to this, akin to the findings highlighted by Lagana-Riordan et al. (2011) and Journell (2010), active learning also became evident in the needs assessment, whereby it remains paramount that students have time to explore social needs through engagement in nonacademic discussions, as it is often here that the most significant and profound discussions emerge, with continued thoughts resonating beyond the end of the formal discussion taking place in the classroom context.

These principles thus primarily formed the philosophy surrounding *Group Chat: A Workshop to Support the Emotional and Social Needs of Youth*, whereby Bandura's Social Cognitive Theory played a pivotal role in building the framework. In response to triadic reciprocal determinism and the continuous interaction between and amongst behavioural, cognitive, and environmental influences and the role of the self in this process, it was important that a high degree of sensitivity was exercised and conveyed throughout all elements of this workshop resource, as was noted by both participants (Bandura, 1978). Accomplishing an intensive needs assessment for this workshop in the form of a

semistructured open-ended questionnaire thus established to be particularly beneficial for this format of study, as the participants were able to provide critical feedback to assist the researcher in framing and optimizing the impact of this newly developed workshop resource.

The Developmental Process of the Workshop

The developmental process of this informational and pedagogical workshop resource has been greatly influenced by my experiences personally, educationally, and professionally—thus diversely impacting my aptitude to analyze issues, ideas, and opinions from a wide spectrum and hence supporting my ability to devise a context for this workshop resource that would meet the needs and relate to a greater body of students and practitioners. The latter alongside the informal feedback gathered from hospital administrative supervisors of a Mental Health and Addictions Program, formal responses collected from the clinical practitioners of a therapeutic learning classroom, and empirical research within this area significantly impacted the creation of *Group Chat: A Workshop to Support the Emotional and Social Needs of Youth* and the philosophy building this program. In the primary stages of developing this workshop resource however, two major concerns arose that are worth discussing.

First and foremost, I knew I needed to revamp the current name of this workshop resource; in the past, programs offered that were similar to this were identified as 'skills group'; this however carried not only a negative connotation but was also stigmatized. Although some might argue that it was just a name and therefore a minor surface concern, a deeper meaning resonated personally; it

screamed that those in attendance would be deficient outcasts, which could not be further from the truth. In addition to this, it ceased to be appealing—and if I did not want to attend such a workshop how could I expect anyone else to. I wanted this workshop to have a lasting impact upon participants while being something individuals looked forward to and would be comfortable, confident, and compelled to discuss beyond organized sessions, and thus decided that *Group Chat* promoted and encouraged just this (an abbreviated version of *Group Chat: A Workshop to Support the Emotional and Social Needs of Youth*).

Upon discovering a way to build an audience, I now had to ensure that those in attendance would be captivated. It was paramount that this workshop would become differentiated from the often monotonous nature that is habitually associated with workshop sessions that are quickly forgotten upon conclusion. To overcome the latter, I thus needed to ensure this workshop was not only stimulating, but poignant. I wanted to inspire individuals to continue to discuss the topics that were examined in this workshop beyond its termination, as it is only through such awareness and conversations that a wider understanding of child and adolescent mental health can transpire and consequential destigmatization can take place.

Accordingly, the objectives of this informational and pedagogical workshop resource entitled *Group Chat: A Workshop to Support the Emotional and Social Needs of Youth* were threefold:

- Raise practitioner awareness surrounding the state of child and adolescent mental health currently in Canada, specifically in Ontario, to promote

informed decision making;

- Foster in opening and extending the conversation regarding this significant field in hopes of reducing preconceived stigmas within this area;
- Provide pragmatic resources and ideas for practitioners to reference when seeking to specifically support the development of the social and emotional needs of youth facing mental health challenges either directly or indirectly.

Summary

Chapter Three commenced with an overview of the origins and purpose of designing and implementing *Group Chat: A Workshop to Support the Emotional and Social Needs of Youth*. This discussion was followed by a conversation of the need for this informational and pedagogical workshop resource, whereby a needs assessment was developed and administered in an effort to acquire feedback from clinical practitioners of an Alternative Education (AE) program. A discussion of ethical considerations took place, and a summary of the participants' demographic data, needs assessment questionnaire, and the participants' responses are subsequently presented. The trends that became apparent from this needs assessment are then supported and analyzed empirically while being buttressed by Bandura's Social Cognitive Theory. This chapter then concludes with a review of the developmental process utilized to create this workshop resource and the overarching program objectives. The PowerPoint presentation utilized to facilitate *Group Chat: A Workshop to Support the Emotional and Social Needs of Youth* is included in Chapter Four.

CHAPTER FOUR: PRESENTATION OF WORKSHOP

This chapter provided the PowerPoint presentation that was created to extend practitioner understanding of the current state of child and adolescent mental health across the nation while providing pragmatic ideas to support the development of the social and emotional needs of youth coping with mental health challenges both directly and indirectly. In an effort to develop a practical resource, this PowerPoint presentation has been divided into three sections. The first section was focused upon building awareness surrounding child and adolescent mental health, the second section is centered in transforming this pivotal field, and the third section presents *Group Chat: A Workshop to Support the Emotional and Social Needs of Youth*, with an array of possible conversation builders to explore when facilitating this group. The overall goal of this workshop resource was to open the conversation surrounding child and adolescent mental health in hopes of destigmatizing the latter and inspiring transformative action within this field.

This PowerPoint presentation was shared with the clinical practitioners of an Alternative Education (AE) program founded in upholding a therapeutic learning environment for youth coping with mental health challenges; these were the same participants who completed the needs assessment for *Group Chat: A Workshop to Support the Emotional and Social Needs of Youth*. Following the culmination of this presentation, both participants completed an evaluative questionnaire; a copy of this questionnaire has been included for reference in Appendix C. The feedback gathered from this appraisal will be discussed

extensively in Chapter Five and buttressed by empirical research.

Destigmatizing Child and Adolescent Mental Health

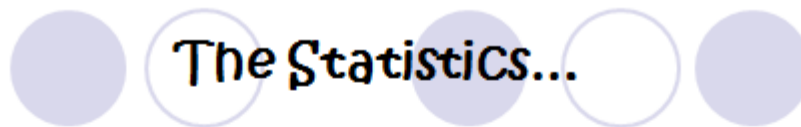
Group Chat: A Workshop to Support the Social and Emotional Needs of Youth

The Statistics...

**1
in
5**

children and youth in Ontario have a mental health challenge whereby the most common issues include anxiety, attention deficit disorder, depression, mood disorders, schizophrenia and eating disorders

Ontario Ministry of Child and Youth Services. (2011). *Mental health services*. Queen's Printer of Ontario 2010. Retrieved from <http://www.children.gov.on.ca/htdocs/English/topics/specialneeds/mentalhealth/index.aspx>



The Statistics...

3.2 million

young people between the

ages of 12-19

in Canada are at risk for
developing depression alone

Canadian Mental Health Association. (2014). *Mental health*. Retrieved from <http://www.cmha.ca/>

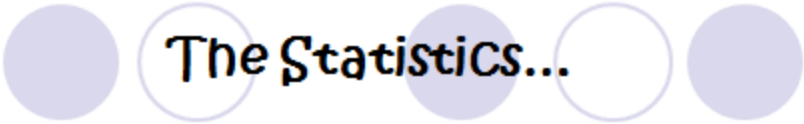


The Statistics...

75% of mental health challenges
have an onset before the
age of 25 and

50% of those difficulties
surface before the
age of 14

Resist, Exposure, and Challenge Tobacco. (2014). *Mental health education in school curriculum*. Retrieved from <http://www.reactniagara.ca/issues/gara.ca/issues/mental-health-petition.aspx>



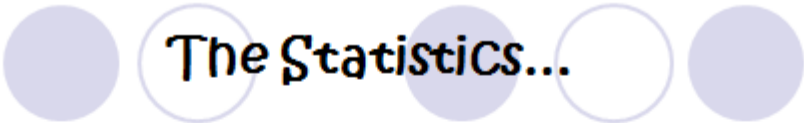
The Statistics...

Fewer than

25%

of children and youth receive
specialized treatment services,
emphasizing the inadequacies
of services nationwide

Manion, I. G. (2010). Provoking evolution in child and youth mental health in Canada. *Canadian Psychology*, 51(1), 50-57. doi:10.1037/a0018468



The Statistics...

70%

of the mental health
difficulties children
and youth face can
be solved through
early diagnosis and
timely interventions

Leitch, K. (2007). *Reaching for the top. A report by the advisor on healthy children and youth*. Ottawa, ON: Health Canada.



The Statistics...

The effects of mental health
cost the Canadian economy

51 billion

each year, yet only

4%

of all medical research
is focused on mental health

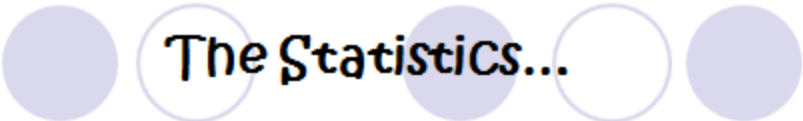
Pathstone Mental Health. (2014). *Pathstone Children's Mental Health Research Institute*.
Retrieved from <http://www.pathstonementalhealth.ca/institute>



The Statistics...

According to Senator Michael
Kirby, chair of a committee
examining Canadian mental
health issues, “children’s mental
health services are the most
neglected piece of the Canadian
health care system”

Eggertson, L. (2005). Children's mental health services neglected: Kirby. *Canadian Medical Association Journal*, 173(5), 471. Retrieved from Academic Search Complete.

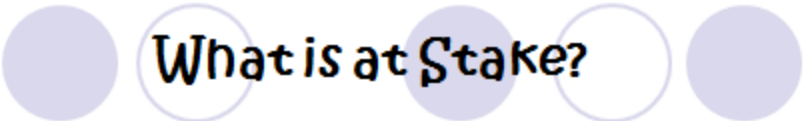


The Statistics...

42%

of Canadians disclose
being unsure about
whether they should
socialize with a friend
who is open about
their mental health
challenges

Resist, Exposure, and Challenge Tobacco. (2014). *Mental health education in school curriculum*. Retrieved from <http://www.reactniagara.ca/issues/mental-health-petition.aspx>



What is at Stake?

Suicide is the second leading
cause of death amongst
young people between the
ages of 15 and 24, with each
year, on average, more than
294 taking their own lives in
Canada

Canadian Mental Health Association. (2014). *Mental health*. Retrieved from <http://www.cmha.ca/>

Daron's Story

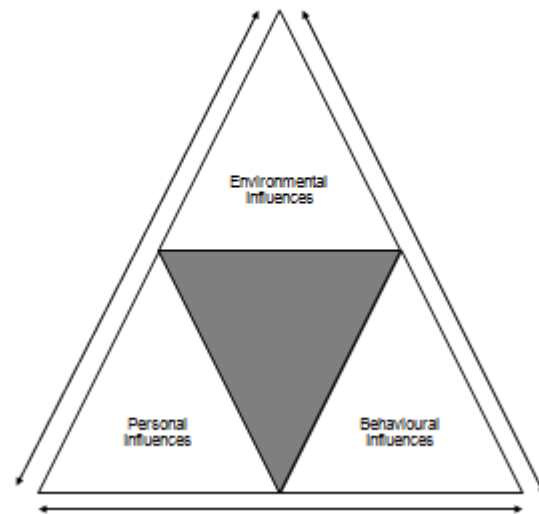


[www.youtube.com/
watch?v=EQXfWChmsko](http://www.youtube.com/watch?v=EQXfWChmsko)

Transforming
Mental
Health



Bandura's Social Cognitive Theory



*Group Chat:
A Workshop
to Support the
Social and
Emotional Needs
of Youth*

Creating a Culture of Care



Creating a Culture of Care



Conversation Builders



<http://www.youtube.com/watch?v=Ahg6qcgoay4>

Conversation Builders



<https://www.google.com/culturalinstitute/asset-viewer/no-woman-no-cry/bwEqkX2cKDce7Q?exhibitId=ZQJCIBiMwU2Kw&userGallery>

Conversation Builders



<http://www.youtube.com/watch?v=pOq71eKI5Mg>

Conversation Builders

Biscuits



- Author Unknown

Conversation Builders

One night there was a woman at the airport who had to wait for several hours before catching her next flight. While she waited she bought a book and a pack of biscuits to pass the time. She looked for a place to sit and waited. She was deep into her book, when suddenly she realized that there was a young man sitting next to her who was stretching his hand, with no concern whatsoever, and grabbing the pack of cookies lying between them. He started to eat them one by one.

Conversation Builders

Not wanting to make a fuss about it she decided to ignore him. The woman, slightly bothered, ate the cookies and watched the clock, while the young and shameless thief of biscuits was also finishing them. The woman started to get really angry at this point and thought, 'If I wasn't such a good and educated person, I would have given this daring man a black eye by now.' Every time she ate a biscuit, he had one too. The dialogue between their eyes continued and when only one biscuit was left, she wondered what was he going to do.

Conversation Builders

Softly and with a nervous smile, the young man grabbed the last biscuit and broke it in two. He offered one half to the woman while he ate the other half. Briskly she took the biscuit and thought, 'What an insolent man! How uneducated! He didn't even thank me!' She had never met anybody like him and sighed relieved to hear her flight announced. She grabbed her bags and went towards the boarding gate refusing to look back to where that insolent thief was seated.

Conversation Builders

After boarding the plane and comfortably seated, she looked for her book which was nearly finished by now. While looking into her bag she was totally surprised to find her pack of biscuits nearly intact. 'If my biscuits are here,' she thought feeling terribly, 'those others were his and he tried to share them with me.' Too late to apologize to the young man, she realized with pain, that it was her who had been insolent, uneducated and a thief, and not him.

Conversation Builders

How many times in our lives, did we know with certainty that something happened in a certain way, only to discover later that it was not true?

How many times has our lack of trust within us made us judge other people unfairly with our conceited ideas, often far away from reality.

Conversation Builders

Live Audience Participation

Poll Everywhere lets you engage your audience or class anywhere in real time

Create your first poll
Takes 30 seconds. No sign up required.

Watch our 3 min video

Use your phone to text a code. Scan!

What's your favorite animal?

Text a **KEYWORD** to **22333** Scan QR

Animal	Percentage
LION	17%
TURTLE	50%
GRANDPA	33%

Message and data rates may apply

<http://www.polleverywhere.com/>

Conversation Builders



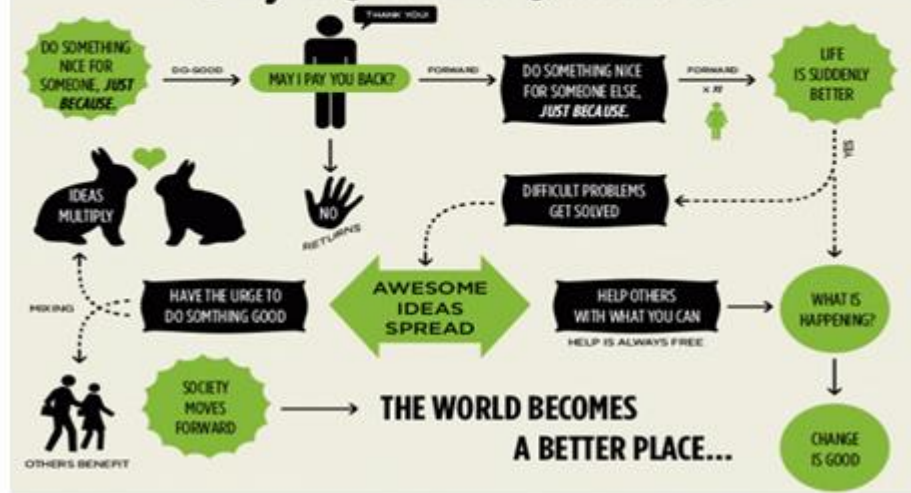
Conversation Builders



<http://www.youtube.com/watch?v=2RbqIATpDHg>

Conversation Builders

Pay it Forward Flowchart



Conversation Builders

Humane
Society

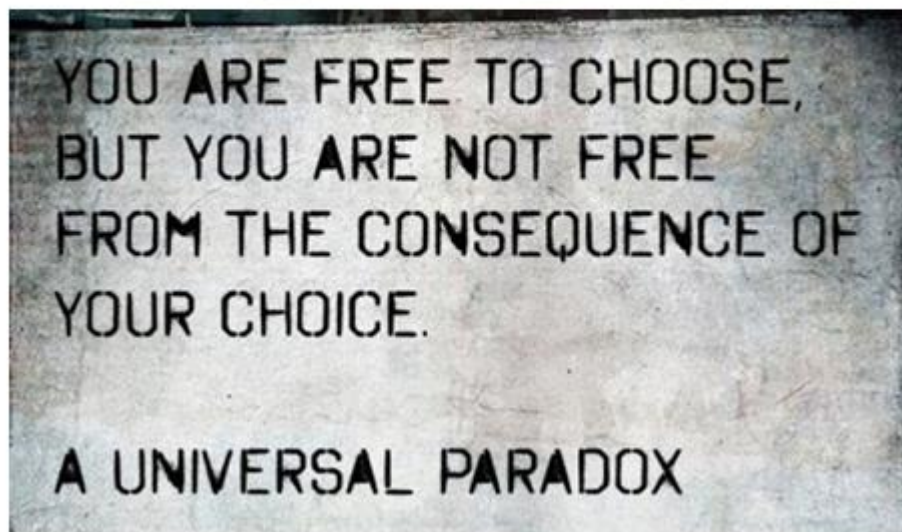


Where Best Friends Meet

Conversation Builders



Conversation Builders



Conversation Builders



<http://www.youtube.com/watch?v=l-gQLqv9f4o>

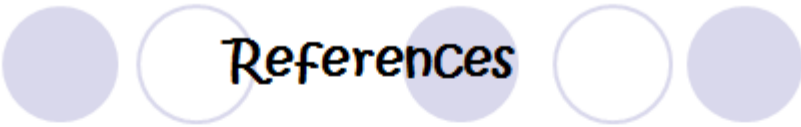


**KEEP
CALM
AND
TALK
ABOUT
MENTAL
HEALTH**

**Many Thanks
for Engaging
in this
Pivotal
Conversation**

Please feel
free to contact
me with any
questions,
comments, or
concerns ☺

Brittany Baird
bb08ta@brocku.ca



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CHAPTER FIVE: SUMMARY, DISCUSSION, AND IMPLICATIONS

Currently there remain five major foundational dilemmas in the field of child and adolescent mental health which include: heightened prevalence of mental health complications within young people, limited access to intervention programs in response to funding deficits, a divide between public service systems, preconceived societal stigmatized notions, and deficits in expanding empirical research within this specialized field (Kutcher et al., 2010; Manion, 2010; Ontario Ministry of Child and Youth Services, 2011; Pathstone Mental Health, 2014; REACT, 2014; Waddell et al., 2005). In an effort to raise awareness regarding this pertinent issue and facilitate in transforming these variables, an informational and pedagogical workshop was developed to support practitioners, with the foundation of *Group Chat: A Workshop to Support the Emotional and Social Needs of Youth* specifically designed to foster this apparent need and mend preexisting gaps.

Evaluative Questionnaire

The clinical practitioners in attendance at the workshop resource presentation sharing *Group Chat: A Workshop to Support the Emotional and Social Needs of Youth* agreed to evaluate the workshop upon conclusion of the session. A total of three questions framed the semistructured evaluative questionnaire, and the following includes a description of the questions employed and the subsequent responses provided by the participants.

Question #1

Please reflect on the structure of this workshop session. What new information,

if any, did you acquire regarding child and adolescent mental health and the fostering of social and emotional needs? What fostered you in further developing your knowledge of this specialized field.

Adele and Michelle both indicated that although they perceived themselves to be quite knowledgeable in the field of child and adolescent mental health alongside alternative programming opportunities to support this demographic, they were able to further their understanding of this specialized field and were exposed to many statistics and resources that they were not previously aware of and/or did not consider. Adele specifically noted the degree of surprise that resonated personally with regard to the minimal amount of medical research focused upon mental health as well as the large percentage of Canadians admitting that they were unsure about whether to socialize with a friend who is open about his or her mental health. Michelle outlined how powerful the sharing of Daron's story was and how grateful she was to now be aware of this amazing website, enunciating that it was a testament to the public service system to better support the social and emotional needs of young people.

Furthermore, Adele indicated how powerful Bandura's Social Cognitive Theory was to the discussion of this presentation, expanding that all too often academic needs precede social and emotional needs, when the opposite should be occurring. Michelle appreciated the variety of conversation builders that were offered to promote the social and emotional development of youth, extending that she was really looking forward to trying some of these strategies. Adele and Michelle expressed that they were grateful for the various modes of

media/technology that were utilized within this presentation and that such a design on the part of the presenter really fostered in capturing their attention and keeping them engaged throughout the duration of the sharing of this workshop resource.

Question #2

Please reflect on the content of this workshop session. Is there any additional material that you believe would be beneficial to add to this workshop session in the future?

Adele reported that she really appreciated that this workshop was not only informational but practical, whereby the perfect balance was attained. Expanding on this thought, Michelle stated that it was a pleasure to attend a workshop where authentic conversations transpired and ideas for immediate courses of action were shared, a pivotal aspect that is all too often forgotten. Adele and Michelle both reported that although they were appreciative of the information and resources shared, it would be increasingly beneficial to supply practitioners with a list of community-specific opportunities to promote the social and emotional development of youth, such as available guest speakers and day trips within the area with accompanying contact information, to promote these pivotal figures in applying and implementing this great idea within their own classrooms.

Question #3

Please reflect on the overall impact of this workshop session. To what extent will the information presented influence your practice?

Adele indicated that although she attends countless workshops each year,

this will be one that she will remember in years to come and will continue to keep at the forefront of her attention throughout her practice. Expanding upon this, Michelle indicated that she had never attended such a poignant workshop; conveying that almost from the moment at which it commenced, she felt compelled to try to influence change within the alternative program offered on site. Adele and Michelle both expressed that the presenter's creativity, boundless energy, compassion, approachability, and genuine desire to make a difference are what really inspired them to want to continue to contribute to progressive transformation within the field of child and adolescent mental health.

Summary of Evaluation Data

It remains important to revisit the objectives of this informational and pedagogical workshop resource to appraise its efficacy with regard to the feedback supplied by the clinical practitioners upon culmination of this presentation. The goals of this workshop resource were threefold:

- Raise practitioner awareness surrounding the state of child and adolescent mental health currently in Canada, specifically in Ontario, to promote informed decision making;
- Foster in opening and extending the conversation regarding this significant field in hopes of reducing preconceived stigmas within this area;
- Provide pragmatic resources and ideas for practitioners to reference when seeking to specifically support the development of the social and emotional needs of youth facing mental health challenges either directly or indirectly.

Upon reviewing the participant feedback that was gathered from the evaluative questionnaires in comparison to these goals, it thus becomes evident that the objectives of this workshop resource were achieved. It can therefore be stated that the dissemination of this workshop resource to practitioner audiences in the future would be beneficial to further the development of knowledge and understanding within the field of child and adolescent mental health.

Implications for Theory, Practice, and Research

From this project's critical examination of the current state of child and adolescent mental health in Canada today, it has become apparent that our nation is at risk largely due to mental health services for young people being underresourced and ceasing to be recognized as a priority (Canada, 2008; Davidson, 2011). It therefore remains important to discuss the implications of the latter circumstances for theory, practice, and research to foster recommendations for future proceedings within this specialized field.

Despite the widespread impact and prevalence of mental health, the former continues to be less resourced than physical health, implicitly articulating the values of our nation (Davidson, 2011). This is quite paradoxical considering "there can be no health without mental health" (Kutcher, 2011, p. 20). In addition to this, tensions between public care services and sectors are contributing to fragmentation within this field (Davidson, 2011). Kutcher (2011) thereby argues that a fully integrated mental health care system whereby human services and health care systems are united and work together is a necessary aspect in transforming child and adolescent mental health. In response to early

identification and intervention being paramount in yielding the best possible outcomes for young people, it remains essential that increases in evidence-informed practices occur to establish greater knowledge transition and dissemination within this field (Davidson, 2011). It is only by way of the former that the undoubtedly wide gap between care ability versus need existing within Canada can be mended (Kutcher, 2011; Warner & Fox, 2012). To further advance this process, it is paramount that government and political parties no longer turn a blind eye to child and adolescent mental health and the subsequent needs of these young people and their support system, as sponsorship from this system is necessary in transforming this specialized field (Davidson, 2011).

In response to this highly significant issue, Kutcher (2011) has devised a valuable and insightful program plan for transforming child and adolescent mental health whereby it is urgent that the following issues are addressed/tended to:

1. Developing and effectively applying child and youth mental health policy;
2. Increasing the availability of evidence-based care options through research and effective translation of best evidence;
3. Enhancing the capacity of the primary health care sector to provide effective and cost-effective child and youth mental health care;
4. Integrating schools with health care providers in the service of mental health promotion, early identification, and effective intervention;
5. Enhancing the capacity of all human service providers to implement

health interventions consistent with their current and ongoing roles
(p. 17).

Interesting enough, similar to Kutcher (2011), Warner and Fox (2012) support the important role of the education system in restoring and revitalizing this disarray. Kutcher (2011) states explicitly that "schools provide an important vehicle through which mental health promotion, disorder prevention, case identification, triage and intervention can be realized" (p. 18). Extending the former claim by Kutcher (2011), Warner and Fox (2012) argue that schools are the most common service sector, and thereby a key strategy in addressing this public health issue is integrating and implementing evidence-based interventions into schools. Prior to this occurring however, it remains important that our schools are analyzed under a critical lens, as they largely contribute to the environmental influences impacting young people, and thus it is important to keep Bandura's Social Cognitive Theory at the forefront of this discussion. As a result of internalizing disorders such as anxiety and depression regularly remaining undetected in comparison to disruptive behaviours within classroom environments, with common triggers often occurring in our schools, it is imperative that eliciting factors are obliterated and/or minimized and more effective ways to reach these students are discovered (Warner & Fox, 2012). In this regard, an expansive understanding and recognition of the power of school-based services has the potential to be particularly beneficial in meeting the needs of a greater number of young people (Warner & Fox, 2012).

Canada (2008) however, states the following compelling words:

"Education is a powerful tool for positive social change, but it is not a panacea" (p. 128). This is a prevailing and cautionary reminder that the education system alone cannot combat the multidimensional issues within child and adolescent mental health that our nation is experiencing today. Essential to this process however is that "traditional school structures of control and competition need to be transformed into conditions of cooperation, collaboration, creativity, and care" (Canada, 2008, p. 31). In regard to public education, Canada (2008) argues for the need to "rethink, reform, and rebuild this calcified institution" (p. 129). In response to such changes being timely, it therefore remains unsurprising that many caregivers seek Alternative Education (AE) programs for their children to better meet their individualized needs (Kim & Taylor, 2008). As a result of many of these programs being privatized however, this option remains inaccessible to all young people due to financial costs, infringing upon their inherent rights as indicated in Article 28 of the *Convention on the Rights of the Child* (United Nations Human Rights, 1996-2014). The consequences of limited publicly funded AE programs specifically designed for children and youth facing mental health challenges such as therapeutic learning classrooms is vast, with the most grave outcome being the risk of dropping out of traditional school in response to its often toxic environment, a reality with severe and long-lasting consequences (Lagana-Riordan et al., 2011). Heightened attention thus needs to be paid to orchestrating the former publicly funded opportunities in an effort to support the optimal trajectories of all young people.

Although from the glimpse of Alternative Education (AE) and Distance

Education (DE) presented, it is understandable that there remains scepticism surrounding nontraditional forms of education, such approaches are definitely worthy of consideration when designing future innovative learning environments and acknowledging the expansive and diverse nature of education (Larreamendy-Joerns & Leinhardt, 2006). According to Journell (2010), secondary education appears to be ready and will hold a central position in the next eruption of e-learning; with the latter marking a new frontier in public education that cannot be ignored. In attempts to decrease the cost of public education in financially tight times, and with the attractiveness of this low-cost method for educating large numbers of students, it is highly likely that the demands for DE will increase in the future (Burbules, 2004; Mupinga, 2005). Mupinga (2005) and Journell (2010) remind district and school administrators, nevertheless, to exude caution when quickly embracing educational innovations in hopes of alleviating such financial issues without taking the necessary steps to evaluate program efficacy and adequately train and prepare students and teachers alike to successfully work within an online environment.

In order for Distance Education (DE) programs in particular to continue to remain current and meaningful to students, Kapitzke and Pendergast (2005) assert the need for pedagogical innovation to complement technological advancements in an effort to alleviate contradictions and hence counterproductive educational approaches, with conventional methods not always being best. According to Raymond Rose (as cited in Mupinga, 2005), vice president for a nonprofit educational research organization, "the current model of education is based on a

standard of measuring learning based on seat-time" (p. 107). Until this methodology takes lesser precedence, DE programs will continue to be viewed with scepticism. It is undoubtable that there exists unrealized pedagogical potential regarding DE, with the possibility that it may just be the future (Kapitzke & Pendergast, 2005). The greatest program barrier to overcome however, will be discovering a way to offer the equivalent of face-to-face interaction within virtual schools. There is something powerful about human connection that is arguably irreplaceable, and until the latter is achieved within DE, there will always remain a gap within this program. The same dilemma has the potential to exist in the offering of specialized child and adolescent treatment services via innovative approaches such as live interactive video conferencing and other technologies including the *Telelink Mental Health Program*, making further analysis and investigation of this predicament paramount (Pignatiello et al., 2011).

Remaining essential to fostering effective transformations within this domain is recognizing the power of student voice (Davidson, 2011; de la Ossa, 2005; Lagana-Riordan et al., 2011). The findings of Davidson (2011), de la Ossa (2005), and Lagana-Riordan et al. (2011) mutually suggest that students are capable of providing valuable feedback and information surrounding policies and programming and that they should be acknowledged as a powerful vehicle of change for the future, as they provide a depth of insight. It is arguable, in fact, that students themselves are best equipped in creating, designing, and building the most effective alternative education programs of the future (de la Ossa, 2005).

The greatest barrier to this ensuing however, is arguably adults themselves, as until such individuals recognize and value this powerful outlet while deconstructing and reconstructing the preconceived notions they have regarding young people, our system will continue to be operated and vastly driven by a single-minded methodology.

Too often the things that we perceive to be the most clear and obvious are, in fact, ridden with the most complexity, with us seeing what we want to see as opposed to what is really there, in response to functioning in automatic. This perhaps is one of the many reasons that innovation within education and the health care system specifically catered to children and youth facing mental health challenges is not translating into what it could be. As opposed to critically thinking, we gravitate to the notion of easiness, resorting to what we know, what has been engrained within us, and thus most comfortable is too often the primary choice. With this in mind, it is important to consider the words of Albert Einstein: "We can't solve problems by using the same kind of thinking we did when we created them." There are no better words to advocate the valuing of student voice than these as in all actuality, who could be more invested in the future than those who will be able to live and flourish within its benefits?

Summative Remarks

It remains important at this time to revisit the overall purpose of this project, wherein the following threefold objectives were to:

- Raise awareness surrounding child and adolescent mental health to foster in opening and extending the conversation regarding this significant field

to support and advance the occurrence of subsequent discussions;

- Provide an analysis of substantive and credible research to promote informed decision making in hopes of reducing preconceived stigmas in relation to mental health within this demographic and encouraging future research within this area;
- Share a newly developed informational and pedagogical workshop resource entitled *Group Chat: A Workshop to Support the Emotional and Social Needs of Youth*—created to nurture the development of both students and practitioners within this specialized field and beyond.

The findings of this project indicate that although there is increasing awareness regarding mental health across Canada, the building of this knowledge base needs to continue, specifically with regard to the needs of children and youth, in order to foster transformational change within this specialized field (Davidson, 2011). The further development and investigation of empirical research is pivotal in expanding this understanding and best creating and implementing effective identification, intervention, and preventative programs—with Cognitive Behavioural Therapy (CBT) and psychoeducational treatment establishing to be worthy of future examination and exploration (Cartwright-Hatton et al., 2006; Costello et al., 2003; Miller et al., 2011; Muris et al., 2010). Additionally, essential to alleviating the disparity that currently exists within this nation with regard to young people in need of mental health services and those who receive them is having united and complementary service sectors (Davidson, 2011; Kutcher, 2011; Warner & Fox, 2012).

Paramount to this collective team-based approach however, both theoretically and practically, is education in its various forms, with Canada (2008) arguing that "until we make educating children a top priority ... we will be failing our children and ourselves" (pp. 129–130). In response to the diversity of learners today, it is unfathomable to maintain that all students can learn and succeed in a traditional classroom, with it thus remaining key that the education system keeps pace with the surrounding world (D'Angelo & Zemanick, 2009; Journell, 2010; Robinson, 2005). Encouraging innovation on the part of stakeholders and fostering such individuals in ceasing to operate school systems using outdated attitudes and mindsets will remain a significant factor in abolishing overarching misconceptions, as adhering to the known in response to fear of change is ill equipping both teachers and students alike (D'Angelo & Zemanick, 2009; Journell, 2010; Robinson, 2005). Critical to the success of such transition is valuing and recognizing the power of student voice, as their awareness of the disparities within both the education system and beyond is both astute and insightful (Davidson, 2011; de la Ossa, 2005; Lagana-Riordan et al., 2011).

It is thus beneficial to take into consideration the words of Eisner (2008) that "education can learn from the arts that slowing down perception is the most promising way to see what is actually there." Too often our perception becomes so clouded through being preoccupied with trivial things that we develop an inability to transparently see. Until we are able to successfully contest this, it will remain difficult to reenvision educational opportunities and treatment services for young people facing mental health challenges using innovative practices

effectively. The following words by Burbules (2004) are quite wise and worth taking a moment to ponder:

Education is more about optimizing than maximizing, confronting trade-offs between competing that cannot all be pursued at the same time. It is inherently imperfect, and imperfectible. Every new approach to education gains us some things at the expense of others; every advantage can be seen, from some point of view, as a disadvantage. (p. 3)

It is arguable that the same can be applied to the public health care system, and it is thus important that optimal opportunities and services are offered and accessible to all children and youth in an effort to create the most powerful trajectories for each and every learner, as they are the future, and there truly are no higher stakes. Just as our actions from a century ago tell a story, our actions today will tell another; their prospective similarities articulate, nevertheless, that our inability to learn from the past is recreating a mirrored future whereby the need for innovation could not be more paramount.

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Appendix A

Letter of Invitation and Informed Consent

Research Project Title: Destigmatizing Child and Adolescent Mental Health through *Group Chat: A Workshop to Support the Emotional and Social Needs of Youth*

Student Principal Investigator:

Brittany Baird
Master of Education Candidate
Department of Education
Brock University
bb08ta@brocku.ca

Faculty Supervisor:

Dr. Ann-Marie DiBiase
Associate Professor
Department of Education
Brock University
adibiase3@cogeco.ca
(905) 688-5550 x4050

INVITATION

I, Brittany Baird, Master of Education Candidate, from the Department of Education at Brock University, would like to invite you, along with all other Clinical Practitioners overseeing the programs offered through the therapeutic learning classroom, the opportunity to contribute to the development, design, and implementation of an interactive workshop resource entitled *Group Chat: A Workshop to Support the Emotional and Social Needs of Youth*.

WHAT'S INVOLVED/POTENTIAL BENEFITS AND RISKS

The purpose of this workshop resource is to extend practitioner understanding of the current state of child and adolescent mental health across the nation, while providing pragmatic ideas to support the development of the social and emotional needs and overall health and wellbeing of youth coping with mental health challenges. There are no known or anticipated risks associated with participation in this workshop. As a participant in the development, design, and implementation of this workshop, you will be asked to provide feedback through completing a needs assessment in the form of a semistructured questionnaire. Providing that feedback is gathered to support the creation of this workshop, you will also be invited to attend a presentation of this workshop resource and requested to complete a semistructured postworkshop evaluative questionnaire.

CONFIDENTIALITY AND VOLUNTARY PARTICIPATION

All responses are considered confidential. Personal identifiers will not be included in the reporting of results, with solely gender and field of expertise (i.e., alternative education, social care services, etc.) being included in the demographical information provided to uphold confidentiality. Participation in this study is voluntary, with it being your

inherent right to withdraw participation at any time. Consent forms, needs assessment questionnaires, and reflections will remain on site at the hospital in a locked cabinet that can only be accessed by the Faculty Supervisor and Student Researcher.

PUBLICATION OF RESULTS, CONTACT INFORMATION, AND ETHICS CLEARANCE

Results of this study may be published in professional journals and presented at conferences. If you have any questions about this study or require further information, please do not hesitate to contact myself, Brittany Baird, using the contact information provided above. This study has been reviewed and received Ethical Hospital Clearance and has been approved by Hospital Administrative Supervisors. If you have any comments or concerns about your rights as a research participant, please contact the Research Ethics Office at (905) 688-5550 Ext. 3035, reb@brocku.ca.

Thank you for your assistance in this project,

Brittany Baird

CONSENT FORM

I agree to participate in providing feedback regarding the development, design, and implementation of *Group Chat: A Workshop to Support the Emotional and Social Needs of Youth*. I have made this decision based on the information I have read in the Information-Consent Letter. I have had the opportunity to receive any additional details I wanted about this project and understand that I may ask questions in the future. I understand that I may withdraw this consent at any time.

Name: _____

Field of Expertise (i.e., alternative education, social care services, etc.):

Signature: _____ Date: _____

Please keep a copy of this form for your records and upon completion, return this form along with your questionnaire in the sealed envelope provided to the Secretary of the Mental Health and Addictions Program.

Appendix B

Needs Assessment Questionnaire for Child and Adolescent Clinical Practitioners

Thank you for taking the time to provide feedback in the form of a needs assessment regarding the development, design, and implementation of an interactive workshop entitled *Group Chat: A Workshop to Support the Emotional and Social Needs of Youth*. All information provided within this semistructured questionnaire will remain entirely confidential, and you are welcome to refrain from responding to any questions you do not wish to. Please return this questionnaire and your accompanying consent form upon completion in the sealed envelope provided to the Secretary of the Mental Health and Addictions Program. Your time and feedback are greatly valued and appreciated; thank you for participating in this significant project.

Kindest Regards,

Brittany Baird

Question 1:

In developing a workshop resource to support the social and emotional needs of youth facing mental health challenges, what founding elements do you ascertain as essential to such programs?

Question 2:

What specific criteria do you believe underlie the success of an informational and pedagogical workshop resource to support both the social and emotional needs of youth coping with mental health personally, and practitioners in this specialized field and beyond?

[illegible]

Question 3:

Based upon your experiences within this specialized field, are there any topics that you think would be particularly beneficial to explore and/or discuss during the student-directed component of this workshop resource in hopes of nurturing the development of the social and emotional needs of youth coping with mental health complications.

[illegible]

Appendix C

Postworkshop Evaluative Questionnaire for Child and Adolescent Clinical Practitioners

Thank you for your involvement in *Group Chat: A Workshop to Support the Emotional and Social Needs of Youth*, and for taking the time to provide feedback surrounding this workshop resource presentation. All information provided within this semistructured evaluative questionnaire will remain entirely confidential. Please return this reflection in the sealed envelope provided to the Secretary of the Mental Health and Addictions Program. Your time and feedback are greatly valued and appreciated; thank you for participating in this significant project.

Kindest Regards,

Brittany Baird

Question #1:

Please reflect on the structure of this workshop session. What new information, if any, did you acquire regarding child and adolescent mental health and the fostering of social and emotional needs? What fostered you in further developing your knowledge of this specialized field?

Question #2:

Please reflect on the content of this workshop session. Is there any additional material that you believe would be beneficial to add to this workshop session in the future?

Question #3:

Please reflect on the overall impact of this workshop session. To what extent will the information presented influence your practice?
